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ABSTRACT

A curriculum consisting of four modules is presented to help nurse practitioners, physician assistants, and physicians develop team practices and improve and increase the utilization of nurse practitioners and physician assistants in primary care settings. The curriculum was prepared in 1981-1982 by the California Area Health Education Center System with the support of federal funds. A group of one or more mid-level practitioners and one or more physicians is referred to as a team. Objectives, content, and methodology are presented as a resource for faculty responsible for teaching team development concepts and skills. For each training area, objectives are outlined for knowledge, skills, and attitudes. The three modules provide material: (1) to assist team members in self-assessment, in developing an understanding of other team members, and in sharing self-knowledge and role assessment within the team; (2) to help the team learn team development and maintenance skills; and (3) to focus on joint clinical practice, including approaches to improve the team's institutional, office, and team relationships, and a system of quality assessment and assurance. Specific training topics include: team sharing, internal dialogue, values and value priorities, attitudes toward other health professionals, family and life evaluation, volunteering, and patient complaints. Case studies, evaluation forms and checklists, and resource materials are identified. (SW)

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TEAM DEVELOPMENT CURRICULUM

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TEAM DEVELOPMENT CURRICULUM

by

Lori Dostal, RN, FNP, MHS

Family Nurse Practitioner/Physician Assistant Program
Department of Family Practice
School of Medicine
The University of California, Davis

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Introduction

Following recommendations of the Statewide Nurse Practitioner/Physician Assistant Advisory Committee, the California Area Health Education Center System provided funds in 1981-1982 for the preparation of a team development curriculum to help nurse practitioners, physician assistants, and physicians develop team practices and improve and increase the utilization of nurse practitioners and physician assistants in primary care settings.

By definition, nurse practitioners, physician assistants, and physicians have an interdependent working relationship, but this does not necessarily mean that they function as a team. A team is two or more individuals collaborating to complete a task.[1] Collaboration implies shared power and responsibility, a high degree of participative decision making, and a focus on function, outcomes, and goal achievement rather than on roles. Ideally, on a team each person is influenced, but not limited, by the others in utilizing his or her skills in meeting the team's goals.[2]

When working as a team, nurse practitioners/physician assistants, and physicians have a great service potential. A team might consist of one mid-level practitioner - either a physician assistant or a nurse practitioner - and one physician; or it might include one of each kind of provider, or any number of each. If a group is too large, however, teamwork becomes difficult. In this curriculum, for simplicity, a group of one or more mid-level practitioners and one or more physicians is referred to as the NP/PA-MD team.

Rubin, Plovnick, and Fry define team development as an educational activity focused on helping teams improve effectiveness by giving members skills in dealing with problems that stem from their need to work together, thereby freeing their maximum energy for doing their basic job.[3] Within the relationship of the physician, physician assistant, and nurse practitioner, problems related to role definition, communication, decision making, and control, as well as differences of opinion about appropriate and adequate task performance and the special legal ramifications of the relationship, can use up energy that should be spent on the team's major task, that of providing health care.

This Curriculum provides objectives, content, and methodology to be used as a resource by faculty responsible for teaching team development concepts and skills to nurse practitioner, and physician assistant, students, and primary care residents.

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[1] Ducanis, Alex J.; Golin, Anne K.: The Interdisciplinary Health Care Team: A Handbook, Aspen Systems Corp., Germantown, (Maryland), 1979, pp 2-3.

[2] Clark, Daniel A.: Planning for Interdisciplinary Education: A Workbook for Instructional and Organizational Development, Center for Interdisciplinary Education in Allied Health, College of Allied Health Professions, University of Kentucky, (Lexington), pp. 51-56.

[3] Rubin, Irwin M.; Plovnick, Mark S.; Fry, Ronald E.: Improving the Coordination of Care: A Program for Health Team Development, Ballinger Publ. Co., Cambridge, 1976, p. 7.

Methodology

The Methodology for team development includes approaches to facilitate individual and team growth by directed self assessment and sharing of this with all members of the team; exposure of the team to didactic information about teams, team issues, and team development methods; small group process and problem solving experiences; and joint clinical practice.[4]

Because there are many ways to develop skills to work together as a team and also because this curriculum is intended to be a resource for a number of programs with individual needs and situations, a variety of possible methods to teach the material is provided. The faculty may choose the method that best fits their settings, participants, and time requirements.

Methodologies available from other sources are also included, with a brief description of the purpose of the exercise and an indication of approximate time required.

The curriculum may be used as a resource for indivduals looking for materials to supplement or exchange for materials presented in the Team Development Manual, also developed by the California Area Health Education Center System in 1982.

While some of the exercises might be useful to an individual, more learning occurs and the exercises are more meaningful when the physician and nurse practitioner or physician assistant are involved in joint clinical practice during the team development training.

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[4] Berger, Ruth; Eisenman, Elaine; Neuhaus, Ruby; Shlakmaw, Seymour: "The Development and Content of Curriculum and Field Placement for Team Training in Primary Health Care at the Health Professions Institute, Herbert H. Lehman College, City of New York," in: Interdisciplinary Health Care Team in Teaching and Practice, Eds. DeWitt C. Baldwin, Jr., Beverly Davies Rowley, Virginia H. Williams, New Health Perspectives, Inc., and the School of Medicine, University of Nevada, Reno, 1980, pp. 115-119.

Program Goals

1. Individual and team assessment of characteristics and talents to identify resources, deficiencies, and problem areas within the team.
2. Familiarization of the team with the educational background, skills, legal status, responsibilities and limitations of team members and their disciplines in order to increase their knowledge of the others' professional roles and to promote appropriate use of each others' abilities, thus improving service available to their patients.
3. Introduction to the team concept to enable participants to define team care, its place within the system, and its benefits and limitations.
4. Analysis of factors within the team's environment that support or impede effective function.
5. Development of team building and team maintenance skills through clinical co-practice, team workshops, and consultation.
6. Introduction to team quality assurance measures through protocol development, chart audits and evaluation.
7. Use of the team approach to deliver comprehensive primary care.

MODULE I

Personal and Role Assessment

TEAM DEVELOPMENT CURRICULUM

Module I
Personal and Role Assessment

Each individual practitioner brings his or her personal self and working self to any work situation. The additional personal demands in the team model of practice make self-awareness and a knowledgeable use of that awareness very important.

In addition, team members need to understand each other's values, knowledge and professional roles. Lack of knowledge about the other members' roles, socialization, and professionalism can present problems for the developing team.

Module I provides material to assist the team members in self assessment, in developing an understanding of other team members and in sharing self knowledge and role assessment within the team.

Terminal Objectives

	Knowledge	Skill	Attitude
1.	Identify personal factors that influence the team's effectiveness both positively and negatively.	Utilize precise methods to clarify own values and attitudes	Exhibit willingness to evaluate own goals, values, etc. Share them with the team. Accept individual differences within the team.
2.	Recognize team members' skills, limitations, legal status. Recognize areas of role overlap.	Explain colleague's role to patients and other practitioners.	Show appreciation of the abilities of other members by sharing a practice and supporting them in their professional role development.

TEAM DEVELOPMENT CURRICULUM

Module I
Personal and Role Assessment

OBJECTIVES

CONTENT

A. The Individual As a Team Member

OBJECTIVES

1. Individual Assessment
    a. Recognize own values, needs, attitudes, and personality
    b. Identify factors within own life experience that influence your empathetic skills in delivering care to patients and their families and in working with other health care providers.
    c. Formulate self-inventory including attitudes, values, needs, and philosophy.
    d. Use self-inventory to appraise own resources and values of other health team members.
2. Team Assessment
    a. Gather data about the attitudes and values of the other team members.
    b. Formulate a team profile and predict problem areas.

CONTENT

1. Team members' backgrounds and teamwork.
2. The effect of individual value systems and goals on team performance.
3. Effect of ethical differences on teamwork.
4. Latent characteristics and team.
5. Individual attitudes toward others that affect co-practice:
    a. Professionalism
    b. Socialization
    c. Sexism
    d. Racism
    e. Ageism
6. Use of self-inventory to identify own resources.
7. Team assessment and developing the team profile.

B. Professional Roles and Socialization

OBJECTIVES

1. Describe the other team member's profession:
    a. Educational preparation
    b. Knowledge base and skills

CONTENT

1. Nurse practitioner/physician assistant
    a. Definition of each professional role

OBJECTIVES

  c. Responsibiities and limitations
  d. Scope of practice
  e. Frustrations and barriers to practice

2. Identify and communicate to the team personal interpretations and preferences in carrying out one's profession.

3. Assess the sociological, economic and environmental factors that influence the process of defining, negotiating, and implementing the team roles.

  a. Economic and Manpower Issues
    1) Identify the economic, manpower, and social issues that influenced the development of the nurse practitioner, physician assistant, family practice physician, and primary care physician.
    2) Describe the potential influence of present economic, demographic, and health care trends on the roles in the future.
  b. Legal Issues
    1) Describe reimbursement and prescribing policies and their influence on team practice.
    2) Explain funding policies and laws that might modify, expand, or decrease the role.

CONTENT

  b. History of development
  c. Educational preparation
  d. Scope of practice
  e. Legal status
  f. Barriers to practice:
    1) Interdependent relationship with the physician
    2) Reimbursement policies
    3) Prescribing regulations
    4) Status of hospital privileges
  g. Cost-effectiveness
  h. Areas of expertise
  i. Role expectations
  j. Difference between nurse practioner's and physician assistant's expectations and roles
  k. Consumer acceptance

2. Primary care physician

  a. Definition of primary care
  b. Definition and history of
    1) Position of Family Practice within the health care system
    2) Scope of practice of family physician
    3) Educational preparation of family physician
    4) Frustrations and barriers to practice:
      a) Attitudes of specialists
      b) Workload and responsibility
      c) Cost and concern of malpractice
      d) Change in consumer trust and demands

3. Personal interpretation of role of primary care physician, physician

OBJECTIVES

c. Professional and Provider Issues
  1) Using information regarding the basic assumptions of professionalism and the stages of development of professionalism, predict and discuss the effect of the present state of your team members' professionalization on their role expectations, behavior, and thus on team operation.
  2) Explain the position of organized medicine, nursing, physician assistants and other health care disciplines regarding the roles of the nurse practitioner, physician's assistant, family practice physician, and the primary care physician.
  3) Identify inter- and intra-professional conflicts of each groups's professionalization attempts that may affect team relations.
  4) Contrast ethical codes of the team's professions. Assess whether they are conducive to team endeavors.
  5) Identify primary barriers to communication between professionals.

CONTENT

assistant and nurse practitioner

4. Issues that influence development of teams of physicians, physician assistants, and nurse practitioners

  a. Economic issues
    1) Health care costs and the economy of the U.S.
    2) Cost-effectiveness of each provider
    3) Reimbursement policies
  b. Manpower issues
    1) Health manpower shortage and maldistribution areas effect NP/PA-MD team development
    2) The politics of health care effect on NP/PA-MD team development
    3) The GEMANAC Report's effect on NP/PA-MD team development
  c. Legal Issues
    1) Physician's control of and responsibility toward the nurse practitioner's and physician assistant's practices.
      a) Medical Practice Act
      b) Supervision of physician assistants
      c) Standardized procedures
    2) Prescribing regulations
    3) Malpractice
  b. Provider issues
    1) Effects of socialization
      a) Stereotyping of others
      b) Individual growth and openness
    2) Professionalism: stages, status, effect on team development, and inter- and intra-professional conflicts.
    3) Territorality and role overlap

OBJECTIVE

6) Describe the factors related to the maintenance of the hierarchy of health care providers.
7) Explain the effects of sex, class, and race on the roles and functions of various health care providers.
8) Describe the similarities and the differences with regard to scope and function between nurse practitioners, physician assistants, physicians and other health care specialists. Identify role overlap areas.
9) Explain aspects of socialization of of physicians, physician assistants, and nurse practitioners that affect their relationship and the care they give their patients.
10) Assess the nurse practitioner/physician assistant - physician relationship. Explain areas of joint or conflicting interests between the nurse practitioner/physician assistant and physician.

4. Identify the total team resources available from both the personal and the profesional skills of the team members.

CONTENT

4) Variations in values and ethics

5. Strengths obtained from team practice

a. Added personal resources from each team member's individual skills:
    1) Perception of problems
    2) Organizing ability
    3) Ability as a facilitator
b. Combined role resources
    1) Individual professional skills
    2) Increased team potential due to collaborative effort

SUGGESTIONS FOR TEACHING: Personal and Role Assessment

A variety of methods are presented from which the instructor may choose the most appropriate. In deciding on the best method for the group, the instructor should take into account the previous knowlege basis and experience of the partipants and his or her own skill and comfort with the method.

The methods are:

- listed in the methodology section with complete reprints of the instructions and the purpose in the appendix;
- described completely in the methodology section;
- identified by name, purpose, and source of activity or exercise to enable the instructor to obtain the reference instructions if desired.

The objective and content outline material the method is meant to cover is indicated beside each method. The letters and numbers refer to the items of the team development outline.

TEAM DEVELOPMENT CURRRCULUM

Module I
Personal and Role Assessment

A. The Individual as a Team Member Methodology

1. Activity 8: Characteristics of Personal Effectiveness (Objective: A-1-a
Content: A-1-2-3-4)

Purpose

Develop an awareness of individual characteristics that affect success and compare these with the perceptions of other team members. Utilize this as a self-evaluation and stimulus to change behavior in order to improve ability to function on a team.

Time required: Approximately 1 1/2 hours.

Source: Woodcook, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 8, pp. 72-73.

2. Activity 21: Discussing Values (Objective: A-1-a
Content: A-2)

Purpose

Facilitate discussion of value issues commonly encountered by teams. A list of situations for discussion is given. Other recommended topics:

1. Is health care a right?
2. Discuss your views on abortion, birth control for teenagers, father's rights in deciding on abortion vs. continuation of pregnancy and adoption.
3. Discuss the case of 18-year-old mother with an underweight 6-month-old infant who is possibly neglected. The mother's last menstrual period was 2 months ago. She is not interested in birth control
4. Discuss feelings about dealing with a 25-year-old man with back pain who wants you to give him pain medication and put him on disability.

Time required: Approximately 1 1/2 hours.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 21, pp. 107-108.

3. Activity 22: Team Member Development Needs (Objective: A-1-C
Content: A-2)

Purpose

Assess individual team members' development needs in order to stimulate awareness of these in the individual so that they can be shared and become part of the team goals. Hidden or unidentified needs can interfere with commitment to team goals.

Time required: Approximately 1 hour.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 22, page 109-111.

4. Invitation to Introspection (Objective: A-1-C-d
Content: A-1-2-3-4-5)

Purpose

Instrument to assist the individual in developing awareness of what he or she brings to an interpersonal encounter and how each perceives what the other will bring. Teamwork requires openness and trust. Awareness may give direction to areas of self-development needed for successful teamwork.

Time required: Approximately 1 hour.

Source: Brill, Namoi Isgrig, Teamwork: Working Together in the Human Services, J.B. Lippincott Co., Philadelphia, 1976, Appendix A, pp. 146-147.

5. Team Sharing (see Appendix I) (Objective: A-2-a-b
Content: A-6-7

6. Internal Dialogue (see Appendix I) (Objective: A-1-a,c,d
Content: A-1, 6)

7. Value Priority Profile (see Appendix I) (Objective: A-2
Content: A-1-a)

8. Attitudes Toward Other Health Professionals (see Appendix I) (Objective: A-5
Content: A-2)

9. Family and Life Evaluation (see Appendix I) (Objection: A-1-b
Content: A-1)

10. The Personal Journal (Objection: A-1-c
Content: A-1-c)

Purpose

To increase the team members' awareness of the sequence of events and the corresponding emotional reactions that occur as the team develops. The journal should record what is happening and how the individual is feeling. The journal may be for individual use or shared with the team.

Time required: Indefinite, can be ongoing activity.

Source: Pfeiffer, William J.; Jones, John E.: A Handbook of Structured Experiences for Human Relations Training, Vol. III, University Associates Publishers and Consultants, La Jolla (California) 1974, p. 109.

11. Self Inventory (see Appendix I) (Objective: A-1-c-c
Content: A-6)

12. Activity 14: Team Openness Exercise (Objective: A- 2-a
Content: A-7)

Purpose

Enhance team effectiveness by assisting the team members to become more open with each other by exploring work-related topics in greater depth.

Time required: Approximately 1 1/2 hours.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 14, pp. 85-86.

13. Interprofessional Perception Scale (Objective: A-2-a
Content: A-7)

Purpose

Compare team members' perceptions of their own roles and how they think others perceive their role.

Time required: Depends on how utilized. Originally done as a study of perception, but could be utilized as a discussion mechanism.

Source: Ducanis, Alex J.; Golin, Anne K.: The Interdisciplinary Health Care Team, A Handbook, Aspen Systems Corporation, Germantown (Maryland) 1979, pp. 37-46.

14. Volunteering (see Appendix I) (Objective: A-1-a)
Content: A-1, 7)

15. Activity 27: Cave Rescue (Objective: A-1-a, 2-a
Content: A-1, 7)

Purpose

To identify the individual and group values through an identification of who should be saved within a a given situation if all might not be. Could be adapted to a medical ethics situation, e.g., kidney transplant, triage in a diaster, etc.

Time required: Approximately 1 hour.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 27, pp. 131-136.

16. Activity 38: To See Ourselves as Others See Us (Objective: A-2-a-b
Content: A-7)

Purpose

To give and receive feedback about each other's perception of the other's professional group. Can be used with groups of nurse practitioners, physician assistants, and physicians or with a nurse practioner/physician assistant - physician team.

Time required: Approximately 1 hour.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 38, p. 163.

17. Activity 24: Intimacy Exercise (Objective: A-2-a
Content: A-7)

Purpose

To increase team members' knowledge about each other through self disclosure. Some of the Intimacy Exercise Questions are geared to also give the individuals experience in discussing taboo topics.

Time required: Approximately 1 1/2 hours.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, Activity 24, pp. 113-115.

18. A Conference for Change: A Case Study (see Appendix I) (Objective: A-2-a
Content: A-7)

19. Team Composite (see Appendix I) (Objective: A-2-b)
Content: A-7)

B. Professional Roles and Socialization Methodology

1. Role Description

(Objective: B-1-2
Content: B-1-2-3)

Purpose: To provide an opportunity for each team member to present their role, expectations, and preference style to the team and to learn about the other members' roles. To discover areas of role overlap and to develop a team resource composite.

Instructions: Before the session each individual writes a description of his or her role, presenting the traditional professional view of the role and his or her role expectations and preferences. At the session each team member presents her or his role description. The role descriptions are clarified and enhanced by the team discussion. The team then writes a role description for each team member, identifies areas of overlap, and develops a list of services that the team has to offer.

Time required: 1 1/2 hours.

2. Role Interview

(Objective: B-1-2
Content: B-1-2-3)

Purpose: Identify role of team members by interview.

Instructions: Team members interview each other to obtain information of how the others view their own roles. Areas of role overlap are discussed. The information obtained can be used to write team member job descriptions.

Time required: Approximately 1 1/2 hours.

3. Roles/Barriers/Expertise

(Objective: B-3
Content: B-4)

Purpose: Exposure of the team to practicing MD-NP/PA teams to increase their awareness of other views and other ways of dealing with MD-NP/PA issues.

Instructions: Arrange a panel of practicing MD-NP/PA teams to discuss how they have dealt with roles, barriers, conflicts, and areas of expertise in their practice. Time should be allotted for questions and answers and discussion.

Time required: Approximately 2 hours.

4. Faculty Role Models (Objective: B-1-2-4
Content: B-1-2-3-4)

Purpose: To provide team members with the opportunity to identify the role possibilities of other team members and the potential of team practice by working with a faculty team.

Instructions: Student team members are assigned to a faculty nurse practitioner/physician assistant-physician team. Each student should spend time with each faculty member separately in order to observe their role within the team and with the faculty team as a whole to observe how the faculty teams coordinate and collaborate to assist the patient and each other. The experience and applications to the student teams should be discussed by the complete faculty and student teams.

Time required: More than one exposure to each faculty team members and to the faculty team would be optimal. Actual amount of time will be determined by number of students, number of faculty teams, and amount of available curriculum time. A discussion period after the clinical experience of approximately 1 1/2 hours is important.

5. Professionalism (Objective: B-3-c
Content: B-4-d)

Purpose: To develop an understanding of the official professions' definitions, expectations, and inter- and intra-professional conflicts, and their influence on team development.

Instructions: Arrange a panel of representatives from the local nurses' association, medical society, and physician assistant organization to discuss their organizations' views of primary care physicians, nurse practitioners, physician assistants, and MD-NP/PA teams. Allow time for questions and discussion with the panel. Also allow time for the teams to discuss the influence of those views on them as individuals and on the development of their joint practice.

Time required: Approximately 2 hours.

6. Who Should See This Patient? (Objective: B-4
Content: B-5)

Purpose: To identify team members' expectations, areas of interest and expertise about their own and their team members' scope of practice.

Instructions: Give each team member the list of Patient Complaints (See Appendix I). Ask them to pretend that this is the schedule for the day. Each individual is to identify which team member they think should be assigned to see the patient and why. (Give them about 15 min.) Then they share lists and discuss their decisions in order to compile a patient assignment list for each team member for the day.

Time required: Approximately 1 1/2 hours.

7. Case Study (Objective: B-4 Content: B-5)

Purpose: To identify differences and similarities in ways team members would handle complex patient situations. To identify areas of expertise and interest of team members.

Instructions: Give each team member a copy of one of the case studies provided or make up one. (See Appendix I, for Case Studies #1 and #2.) Everyone should get the same. Individually the team members identify the family problems and make a plan for working with them. On completion, problem lists and plans should be shared to identify similarities and differences and to look at the roles individual team members assigned to themselves.

Time required: Approximately 1 hour.

8. Community View of MD-NP/PA Issues (Objective: B-3 Content: B-4)

Purpose: To obtain information on how experts in the community view the physician-physician assistant/nurse practitioner team issues.

Instructions: Arrange a panel of a medical insurance representative, a malpractice insurance company agent, an attorney, a local politician, and a consumer to discuss the implication of the physician-nurse practitioner/ physician assistant team from their point of view. Allow time for questions and answers and for discussion of the panel's presentation by the team after the panel leaves.

Time required: Approximately 2 hours.

9. Role Analysis (Objective: B-1-2 Content: B-1-2-3)

Purpose: To clarify role expectations and obligations of team members to improve team effectiveness.

Instructions: Step 1. The individual team member identifies his or her role, its place in the organization, the rationale for its existence, and its place in achieving the overall organizational goals, along with the specific duties of that role. The specific duties and behaviors are listed on a blackboard and discussed by the entire team. Behaviors are added and deleted until all are satisfied that they have defined the role completely.

Step 2. The individual then lists his or her expectations of the others in the group, and these expectations are discussed, modified, and agreed upon by the group. Step 3. The individual writes a role profile. Step 4. The role profile is reviewed before the other team members' roles are analyzed.

Time required: 1 hour session to analyze each team role.

10. Socialization

(Objective: B-3
Content: B-4)

Purpose: To identify the effect of socialization on the team member's attitudes towards him or her self, other team members, other professions, the team concept, and the patient.

Instructions: Each individual is to spend 10-15 minutes recalling his or her own socialization process and reflect on how this affects his or her own self-image and attitudes toward other team members, professions, the team concept, and the patient. The individual writes these ideas down. When all have finished, the team members share their socialization identifing similarities and differences and how these can affect the team's practice and patient care.

Time required: Approximately 1 1/2 hours.

TEAM DEVELOPMENT CURRICULUM

Module I
Personal and Role Assessment

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MODULE I

APPENDIX I

Appendix I

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Team Sharing

Purpose

Share information about individual skills and values as a process of developing team resources and values.

Instructions:

Before each team member comes to the session, he or she should write the following lists:

- Three words describing yourself.
- Three qualities or skills you have which will be useful to your team.
- Three values that are important to you.
- Three things you are afraid of.

The written statements should be brought to the session and shared with the team.

This can be used as the beginning of a Team Resource List.

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INTERNAL DIALOGUE

Purpose

To provide a time for introspection as well as to gain a clear perception of dilemmas and paradoxes within our own attitudes that lead to ambiguous or inconsistent behavior.

Procedure

Hand-out Sheet 4a, "Dialogue within Ourselves." The suggested internal conversation topics may be adapted to suit the training needs of the moment.

Time required: 25 to 35 minutes.

Analysis of the Data

1. Dialogues may be handed in anonymously, with selected papers read to the group by staff members.
2. Members may read their own dialogues and invite discussion. This gets around the problem of poor handwriting and is a more open way of gaining feedback and using the group for consultation.
3. You may ignore the content and engage the group in a discussion of the task as a process. Begin by simply asking the group, "What did it mean to you to do this?" The process discussion often goes further into how the group members handle conflicting attitudes and can be related better to their behavior in the group than when the dialogues are read.

   If you plan to follow this course, announce in advance that the contents will remain private unless someone particularly wants to share. Under these circumstances, the instructor can encourage the participants to strive for depth, to write as intimately as they please, to sharpen the written exchange, and, if possible, to lose themselves in the task.

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DIALOGUE WITHIN OURSELVES

We belong to groups of people, but in one sense each of us is a group within himself, a private world of many interesting parts. We each have a complex internal society. We need practice in listening to and making use of our internal voices just as we need practice in listening to and participating more effectively with the other persons in our external society.

In this session, you are asked to tune in on one of your internal dialogues. Select a topic of great interest to you from the suggestions below or of your own choice. Write a brief dialogue of the conversation between the internal voices.

You might want to describe a discussion--

1. Between your optimistic self and your pessimistic self on how effective you are in your role.
2. Between your desire to be involved in a team and your reluctance to do so.
3. Between your desire to delegate responsibility and your reluctance to do so.

Before you start, see whether you can "hear" the two sides of the conversation. If you can, write it down as the dialogue of a play or the script of a conversation. Be sure the conversation is focused on some issue or confrontation between the two selves.

<ins>Time required</ins>: About 30 minutes or three pages.

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VALUES PRIORITY PROFILE

Activity No. 5 is a "value priority profile." It is designed to help you think about yourself, your values, and your value priorities. Ideally, it will help you evaluate those priorities. It is also hoped that identifying and establishing your value priorities will help you clarify still further your own ethical orientation, and so your position on ethical issues.

Activity No. 5 is a list of 18 values which we have arranged in alphabetical order. Please number them in the order of their importance to you. (No. 1 will be the most important to you, No. 18 the least).

VALUE PRIORITY PROFILE

A) Select the values important to you and assign them priorities.

_______ ACHIEVEMENT

_______ AN ACTIVE "FULL" LIFE

_______ FAMILY APPROVAL

_______ FAMILY SECURITY

_______ FREEDOM FOR ALL PEOPLE (NO TYRANNY)

_______ HEALTH

_______ INNER PEACE

_______ LOVE RELATIONSHIP (CLOSE AND INTIMATE)

_______ MONEY

_______ NATIONAL SECURITY

_______ OLD AGE SECURITY

_______ ORGANIZATIONAL ADVANCEMENT

_______ PERSONAL STATUS

_______ POWER

_______ RACIAL EQUALITY

_______ SALVATION (ETERNAL LIFE)

_______ SATISFACTION OF PHYSICAL APPETITES

_______ SELF ESTEEM

_______ OTHER_______________________________

____

B. Look at your first five value choices from the proceding list. Now complete the following statement:

For me, the most important things in life are:

1. ____ and

2. ____.

I also value ____________________________________

____, and

____.

C. Therefore, I would say that, generally, my value priorities seem to indicate that I am:

a) Materialistically oriented

b) Organizationally (group) oriented

c) Socially (humanistically) oriented

d) Idealistically oriented

e) Other____

____

Thornton, Barbara: Department of Social and Health Resources, University of Nevada, Reno.

Attitudes Toward Other Health Professionals

Directions: The following questions are designed to assess your attitudes towards other health professionals. When we work with people in other roles (i.e., individuals trained to perform different functions than ourselves), we ordinarily have assumptions about what to expect. It is these assumptions, as expressed in attitude, that we would like to understand through this questionnaire.

A. Background attitudinal information

For each of the following health fields, please indicate, using the scale shown directly below, how much experience you have had in working with professionals in each of these fields.

1	2	3	4	5	6	7
No experience at all	Slight acquaintance	Several encounters	Occasional encounters	Regular contact	Extensive experience	Very great deal of experience

a. _______ physician

b. _______ osteopathic physician

c. _______ dentist

d. _______ social worker

e. _______ nurse practitioner

f. _______ public health worker

g. _______ nurse

h. _______ physician assistant

i. _______ pharmacist

j. _______ optometrist

B. Attitudes

For each of the disciplines listed on the following pages, please indicate how you view their typical attitudes. Please mark your answers by putting a check along each line in the position that best represents your feelings. If you would like to make additional comments about your attitudes and experience with particular health professions, please do so in the space provided below each set of scales.

Physicians seem to me...

self-assured_____:_____:_____:_____:_____:_____:_____:not self-assured

to put down :not to put down
patients_____:_____:_____:_____:_____:_____:_____:patients

interpersonally interpersonally
easy_____:_____:_____:_____:_____:_____:_____:difficult

professional_____:_____:_____:_____:_____:_____:_____:not professional

caring about not caring about
co-workers_____:_____:_____:_____:_____:_____:_____:co-workers

to feel not to feel
"put-upon"_____:_____:_____:_____:_____:_____:_____:"put upon"

egotistical_____:_____:_____:_____:_____:_____:_____:not egotistical

reluctant to not reluctant to
take responsibility_____:_____:_____:_____:_____:_____:_____:take responsibility

dependent_____:_____:_____:_____:_____:_____:_____:not dependent

to put down not to put down
others' roles_____:_____:_____:_____:_____:_____:_____:others' roles

collaborative_____:_____:_____:_____:_____:_____:_____:not collaborative

concerned concerned with
with total specific aspects of
patient welfare_____:_____:_____:_____:_____:_____:_____:patient welfare

to want to not interested in
learn from others_____:_____:_____:_____:_____:_____:_____:learning from others

Additional comments about attitudes toward physicians: ______________________

____

____

Physician assistants or nurse practitioners seem to me.......

self-assured_____:_____:_____:_____:_____:_____:_____:not self-assured

to put down patients _____:_____:_____:_____:_____:_____:_____:not to put down patients

interpersonally easy_____:_____:_____:_____:_____:_____:_____:interpersonally difficult

professional_____:_____:_____:_____:_____:_____:_____:not professional

caring about co-workers_____:_____:_____:_____:_____:_____:_____:not caring about co-workers

to feel "put upon"_____:_____:_____:_____:_____:_____:_____:not to feel "put upon"

egotistical_____:_____:_____:_____:_____:_____:_____:not egotistical

reluctant to take responsibility_____:_____:_____:_____:_____:_____:_____:not reluctant to take responsibility

dependent_____:_____:_____:_____:_____:_____:_____:not dependent

to put down others' roles_____:_____:_____:_____:_____:_____:_____:not to put down others' roles

collaborative_____:_____:_____:_____:_____:_____:_____:not collaborative

concerned with total patient welfare_____:_____:_____:_____:_____:_____:_____:concerned with specific aspect of patient welfare

to want to learn from others_____:_____:_____:_____:_____:_____:_____:not interested in learning from others

Additional comments about your attitudes toward physician assistants or nurse practitioners:____

____

____

C. Attitudes about work relationships

You are about to work with other health professionals as a team in this course, and we assume that you have expectations about your working relationships. Please answer the following two open-ended questions by imagining how it will be working closely with other health team roles.

How well do you think you will fit in with the team as a whole?

Which other discipline on the team do you anticipate having the most difficulty working with? Why?

Which other discipline on the team will it be easiest for you to work with? Why?

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Family and Life Evaluation

A. Life Line (Variation of Family Sharing): Individuals are to focus on the developmental milestones (significant people, events, etc.) that they feel have brought them to where they are now, i.e., at this institution, in this discipline.
Individuals are given large pieces of newsprint on which to display graphically a "life line" (encourage creativity and freedom of expression) to present to the team. Allow 15-30 minutes of individual preparation time and 30 minutes for each individual to share with the group.

B. Family Sharing (From University of Washington draft, "A Team Development Workbook for Interdisciplinary Health Care Teams"):

Problem Addressed: All subsequent experiences are perceived, understood, and reacted to emotionally according to the foundations established in the family. These perceptions can be modified but never completely undone. The appreciation of others' reality is important for individuals on the team and vital in the delivery of health care.

Objectives:

1. To validate one's identity by sharing perceptions of self and family with working colleagues.
2. To appreciate the richness, uniqueness, and contribution of each person's family socialization to his present being.
3. To reduce separation of others into personal and professional selves.

Methodology:

1. Individuals are asked prior to the workshop to bring pictures of their family, immediate or extended, to the workshop and to complete a family tree.
2. Leader describes exercise and objectives.
3. Individual team members describe their families as they see them as well as describe their own role in their family. Each person shares only to the extent he is comfortable. Most people welcome the opportunity to tell others about themselves and their families. Each person spends at least 30 minutes talking about his family. The leader also shares his family and may assist in facilitating acceptance and learning in the group.

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Self Inventory

Purpose

To stimulate each individual's evaluation of his or her strengths or weaknesses and to share these with the team.

Instructions

Before coming to the session, individuals write inventories of their own strengths and weaknesses from their knowledge of their behavior in other group situations and from knowledge of how they fulfull their role. These lists are shared at the group meeting. Additions to the lists of strengths (and of weaknesses, if relationships and individuals are strong enough) can be made by tem members. The inventories can be used as beginnings of the team's resource list.

Time required: Approximately 1 1/2 hours.

VOLUNTEERING

Purpose

To aid in perceiving the relationship between present behavior and past experience, particularly in willingness to engage in behavior involving a minor risk.

Setting

This exercise may be used effectively either in a group as small as 10 to 12 persons or in a large group such as a general session.

Procedure

Say, "We are going to do an experimental demonstration before the group, for which we need three volunteers." Wait, allowing the silence and tension to mount. If urging is needed to get three volunteers, do so, and seat them in front of the group.

Then say, "We have just completed the exercise. We want to examine what goes on inside of us when we are asked to take a risk by volunteering. Did you notice the pause, the waiting, the rise of feelings of tension? Some people finally volunteered, while others did not. Let's look at what your inner experience was as you were reaching a decision on whether or not to volunteer." Ask everyone to write down, in five minutes, some notes describing his thoughts and feelings in deciding whether to volunteer. Also ask them to think back to other times they have been faced with a possible risk and try to find the incident(s) that tended to influence how they acted in this exercise.

Analysis of the Data

First interview those who did volunteer, for the thoughts and feelings that led them to do so. Get similar reports from the other members of the group.

Move into pairs or trios to consider prior experiences. Have they found previous experiences in volunteering to be rewarding? After 15 minutes or so get reports from the pairs or trios. List on the board the reasons given for not volunteering, and in another column, the reasons for volunteering or taking risks. Discuss whether the negative reasons are valid in every situation.

Conclude with suggestions of situations where risk-taking behavior may be practiced during the next few days, e.g., sitting by a stranger at mealtime, walking and talking with a stranger, displaying one's ideas or feelings to a group.

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A CONFERENCE FOR CHANGE: A CASE STUDY

A Structured Experience for Health Professionals*

We here describe a structured group experience which has proved successful with health-science students. At a recent interdisciplinary conference, 150 students from nine different professions gathered to discuss health manpower issues. The format described was used for the opening banquet program, in lieu of an after-dinner speaker. The authors, asked to speak about "Health Care Teams and Group Process," designed a structured experience characterized by experience-based learning. This interaction format provides a methodology for the tool-for-change conference.

Goals

1. To allow participants to become acquainted quickly in a relatively non-threatening way
2. To facilitate the involvement of individuals in a newly-formed group
3. To facilitate team building - to establish a climate of trust, support, respect, and openness
4. To divide a large group into workable subgroups in such a way as to increase group cohesiveness and identity
5. To demonstrate, in an experiential way, the problems attendant to working as a member of a health care team, e.g. territorial imperialism, leadership style, communication patterns, etc.
6. To sensitize participants to some of their own behavior which may contribute toward or obstruct the solving of a group problem
7. To discover the "natural leadership" evolving in a newly-formed group
8. To focus on the decision-making norms developing in a newly-formed group.
9. To experience a stressful situation in a group, in order to generate data about the resolution of conflict.

---

* The term "structured experience" is used to convey that some person (herein called facilitator) suggests, directs, or leads the activity and takes responsibility for insuring that the data generated is appropriately and adequately processed by the participants. With adequate processing, experience-based learning emerges.

Group Size

Any number of groups, 6-10 participants each. Several groups may be directed simultaneously.

Time Required

Approximately one hour for the structured exercise; minimum of 30 minutes for discussion.

Materials Needed

Pencils
One 8 1/2 x 11 sheet of paper per participant
One magic marker per group
One sheet of newsprint per group

Physical Setting

Participants should be seated around tables. (The dynamics of a group seated at rectangular table are such that it gives too much control to persons seated at the ends.)

Format Sequence

Step 1. The facilitator announces that the topic for discussion will be: "What professions would you include on your health care team?" Each person is instructed to generate a written list of professions. He is asked to make the list as inclusive as possible, but without consulting other group members. (10 minutes)

Step 2. Each group of 6-10 persons is instructed to compile a group listing of professions. This may be done on newsprint, using a round-robin listing, each person in turn contributing a profession from his own list until the individual lists are exhausted. (15 minutes)

Step 3. Each person, without consulting others in his group, is asked to select from the comprehensive group list of health professions those eight professions he considers most important for his health care team. The eight professions are to be ranked one to eight, in decreasing order of importance to the health care team. (5 minutes)

Step 4. Each small group is asked to arrive at a consensus as to which eight professions, in rank order, are most important to a health care team. (30 minutes)

Step 5. Each small group reports briefly on their outcome - their ranking as well as their general reactions to the experience. (5 minutes)

Step 6. Conceptualization and generalization of the experience by participants and facilitators.

Group Process - What You May Expect

The above format provides first-hand experience with some of the dynamics of interdisciplinary health care teams. Since such group dynamics may be unfamiliar to the participants, it is important that sufficient time be allowed to process the important data generated by the experience.

This exercise, by design, arouses increasing frustration and stress as participants move through the sequence of steps. Initial eagerness fades quickly, leading to a "stressful situation which generates data about the resolution of conflict." (See goal 9.) Not unlike health care teams in practice settings, the group typically ignores conflict in its over-riding effort to accomplish the task at hand, even when the conflict immobilizes the group effort.

Step Two initiates group interaction. Leadership issues emerge quickly: Who will be scribe for the group? Does a self-styled leader volunteer to be scribe, perhaps only minimally aware of the "power of the pen"? Or is a quiet (safe?) member appointed to be servant of the group, temporarily skirting the leadership issue? The facilitator may wish to point out the fact that groups often overlook this important process data in their effort to get on with the task.

Tension rises as each individual is asked to choose and rank those eight professions he considers most important for a health care team. This tension manifests itself in various ways. Some members request clarification: "What is the setting of this health care team?" Other persons challenge the facilitator: "This is an irrelevant task. In a real team, no profession is more important than another." Yet others respond silently, with raised eyebrows. But underlying issues are unmistakable: Should my profession be at the top of my list (territorial imperialism)? Does the physician automatically head the list? Is the patient a member of the team? What are mutual role expectations?

In Step Four, each group is asked to come to a concensus as to which eight professions, in rank order, are most important for the health care team. Stress and conflict mount. There result further requests for clarification, further challenges that such ranking is impossible and/or irrelevant. Some groups dash headlong into decision-making with little regard to group process and interpersonal sensitivity. Even when the facilitator offers suggestions on achieving group consensus, some groups fall into rigid battle lines, while other groups adopt the comfortable attitude, "We've found a leader. Let's follow."

As the groups report their results (Step Five), the tension begins to fade. Participants find solace in sharing their frustration. Those groups which have successfully completed the task may trigger applause and/or jeers from the other groups. Some participants, venting the group frustration, accuse the facilitator of having trapped the group into an irrelevant or impossible task. This is a critical time, a time when the facilitator may assist participants in conceptualizing (processing) their experience.

Possible Conceptualizations and Generalizations

This is the final step of the sequence, and it represents the turning point. Here lies the opportunity for group members to gain insight into the significance of the experience. This we term learning. Following are some of the issues a facilitator may wish to feed back to the group.

1. Process versus Content

   Health science students, as a result of personal predilection reinforced by professional education, appear oriented to content. They are characteristically problem-solvers. They may find it difficult to grasp the meaning of group process. The facilitator may wish to emphasize that the interpersonal process experienced in this exercise parallels the difficulties encountered by health care teams in actual practice settings. Each group represents a _de facto_ health care team going through its early formative stages. Object lesson: _The process of decision-making is as important as the decision itself. Any content differences within a health team are no more important than the process by which those differences are resolved_.

2. Territorial Imperialism

   Each profession lays claim to its own unique territory, its members protective of their professional roles. To question this primal claim, or to suggest that some other profession might coexist in that territory, amounts to sacrilege. _However, through understanding of mutual roles participants may come to embrace the tenent im-_

plicit in health team work, namely, that other disciplines make equally important contributions to patient care.

3. Leadership

   Asking the group to rank the professions lays bare the leadership dilemma facing health care teams. And the naive maxim, "In a health team, no profession is more important than another," does not provide resolution to that dilemma. Quite the contrary, leadership is essential in productive groups, and its functions may be a shifting phenomenon. To wit, in any given clinical situation, the contribution of one profession may in fact be more important than others. Object lesson: Leadership functions best rotate among group members and should not be equated with administrative responsibiity.

4. Experimental, Interpersonal Relationships

   Just as the format of this exercise is experience-based, a health care team setting similarly is an experiential endeavor. The person of the professional (the kind of person he is, his personality) becomes as important as fulfulling his professional role. In other words, personal qualities such as cooperation, understanding, flexibility, and patience promote teamwork. Team members come to appreciate each other as persons as well as professionals, and this appreciation encompasses acceptance of the person's weaknesses as well as acknowledgement of his strengths. Object lesson: Naming a particular profession to the health team is no more important than naming the particular professional who will represent that profession. Health team members will relate more to the person, less to the professional.

Commentary on the Role of the Facilitator

Effective group facilitators, in designing structured experiences, seek to tailor those experiences to meet the needs of their clients. An appropriate exercise is a means to an end, helping a group move toward fulfillment of its task. To this end, the facilitator must understand the group's task, must understand the individuals who will be participants, and must recognize his own comfort and confidence in working with the group.

There are risks - for participants and facilitator alike. In the case of participants, an exercise may appear to be irrelevant, in which case the participants withdraw, with resultant drooping eyelids and drowsy yawns. At the other extreme, the exercise may prove so loaded, so challenging, that participants dare not proceed. In yet other cases, an exercise will prove boring to part of the group and challenging to the others.

The facilitator also faces risk. By initiating an activity, he asks group members to place themselves in his hands. Often billed as the expert who will help the group with its task, he faces the challenge: "Show us. Do your magic. Put up or shut up."

The facilitator brings to these risks both his person and his professional skills. Although style and techniques will differ, there are certain attributes common to successful facilitators. Firstly, he shows *good clinical sense*, borne of clinical experience and a sound academic background in the behavioral sciences. He shows *good common sense*, sound judgment. He is *adaptive*, flexible with both his design and his timing - perceptive of the group's attitude. Similarly, he is *spontaneous*, comfortable implementing unplanned modification of design; he must trust this sponaneity. He is *confident* - sure of himself, where he wants to go, and how he intends to get there; this confidence comes when the leader is comfortable with his design as well as with any spontaneous adaptation he must make. Encountering these attributes and competent professional skills, the group will come to trust the facilitator, comfortable that they are in good clinical hands.

Summary

Traditionally, the professions of the health sciences have practiced their skills in relative isolation from each other. Inter-professional contact typically has taken on a hierarchical structure. However, medicine is basically a cooperative enterprise and seems certain to become more so in the future. But cooperation will not evolve spontaneously, especially since professional education too often promotes arrogance and territorialism rather than cooperation. This case study provides a methodology for contending with professional isolation and territorialism; for establishing a climate of trust, respect, and cooperation; and for processing the group dynamics operative in health care teams.

Case study (from Appendix B of *The Conference As A Tool, For Change*, Jerry Royer and Jo Boufford, Editors, Student American Medical Association, 1974, Curriculum for Interdisciplinary Training Programs with Health Profession Students, American Medical Student Association Foundation, Developed under Grant No.MB 00104-01 awarded by the Office of Interdisciplinary Programs, Bureau of Health Manpower, Department of HEW. Reprinted with permission.

Team Composite

Purpose

Identify data about individual team members' attitudes and values and compile a team profile.

Exercise

Before coming to the session, members each compile lists of assets that they bring to the team and areas that feel they would need help on from the team. These risks are shared. The team then develops a list of team assets and abilities and of areas they will work on as a team.

Time Required: Approximately 1 hour.

PATIENT COMPLAINT LIST

For Method #6 Professional Roles and Socialization

Complaint	Who Should See Pt. MD PA NP	Reason for Choice of Provider
16 yr. old woman with abdominal pain		
8 day old infant with slight jaundice		
Skin rash in 2 yr. old child		
65 yr. old woman with dizziness		
30 yr. old man with high blood pressure		
2 yr. old w/seizures		
50 yr. old man with rectal bleeding		
32 yr. old man with cough		
44 yr. old woman with breast lump		
14 yr. old requesting contraception		
40 yr. old male with chest pain		
20 yr. old woman with vaginal discharge		
35 yr. old man with difficulty breathing		
56 yr. old woman with weight loss		
36 yr. old woman with headache		
72 yr. old woman with nerve problems		
Child 5 yrs. old for CHDP physical exam		
3 mo. old with fever 2 days		
33 yr. old man with fatigue		
3 yr. old child with laceration above eye		
38 yr. old woman with illegular menses		
15 yr. old male for sports physical exam		
28 yr. old woman with irregular heart beat		
57 yr. old woman with joint pain		

PATIENT COMPLAINT LIST

Complaint	Who Should See Pt.			Reason for Choice of Provider
	MD	PA	NP	
10 yr. old child with sore throat				
79 yr. old man on Coumadin with leg pain				
6 yr. old hyperactive male				
20 yr. old woman with dysuria				
Adult with yellow skin				
35 yr. old male for disability exam				
32 yr. old female with concern re: infertility				
62 yr. old with eye pain				
55 yr. old man with hoarseness for 4 mos.				
42 yr. old woman with symptoms of menopause				
45 yr. old man with back pain				
13 yr. old fell playing R/O fracture of ankle				
70 yr. old man with urinary retention				
16 yr. old female, LMP-3 mos. wants an abortion				
16 yr. old with "excessive bruising"				
30 yr. old woman who can't sleep				
60 yr. old with decreasing memory				
63 yr. old chronic diabetes for routine follow-up				
28 yr. old with neck pain-2 days post auto accident				
Knee injury-post work trauma				
First pre-natal visit				
Family requesting counseling about adolescent female's acting out behavior				
46 yr. old woman for post breast cancer follow-up				

CASE STUDY

For Method #7 Professional Roles and Socialization

Case Study #1

The Howe family. Mr. Howe is a 35 year old man who is self-employed as a carpenter when he feels well and when he can get work. He has a history of a chronic cough with shortness of breath diagnosed as bronchitis, and low back pain since a motorcycle accident four years ago. He smokes 1 1/2 packages of cigarettes a day, drinks 3-4 beers a night and more on the weekends. His father died of a heart attack at age 52.

Mrs. Howe is a 33 year old pregnant housewife, Para 5 Gravida 6. LMP was 3 months ago. She is anemic, tired, and depressed. She is ambivalant about pregnancy. Mary Howe, 14 years old, is sexually active but does not use any form of contraception. George, 13 years old, is on parole for shoplifting. His mother thinks he "does drugs."

Susie Howe, 9 year old, has asthma and is withdrawn but helpful to her mother. She misses school frequently. Tommy, 5 year old, is hyperactive. The school wants him put on Ritalin. His mother does not want him on drugs. Sam, 3 year old, talks very little, runs around wildly, has many bruises, and is very stubborn. Sam's medical history includes fractures of the arm and skull. His mother says he falls frequently.

Case Study #2

The Smith family. Mr. Smith is a 40-year-old lawyer with a complaint of chronic abdominal pain and occasional chest pain when playing racketball or baseball. He acknowledges being under stress at work. He smokes a package of cigarettes a day and drinks alcohol regularly. He is always dieting to stay in shape.

Mrs. Smith is a 38-year-old interior decorator with her own business. Recently she has had difficulty sleeping. She is always dieting but is slightly overweight. She exercises regularly, is very active in the community, and has many friends. She is unhappy with her present relationship with her husband. She feels that he lacks ambition and depends on her for social relationships.

Jerry and Susie are Mrs. Smith's children from a previous marriage. Jerry, the 16-year-old, is just recovering from a fractured leg as a result of an auto accident which occurred when he was drinking. His girlfriend was also injured in the accident, and her family will not let her see Jerry at all. Jerry's dad is an alcoholic. Susie, 12, has recently been vomiting regularly and losing weight.

Mike, the 6-year-old son of Mr. and Mrs. Smith, gets along well in school but fights with Jerry and Susie all the time at home. Recently he has begun throwing things, breaking things, yelling, and swearing at the least provocation.

MODULE II

Team Concept, Team Development and Maintenance Skills

TEAM DEVELOPMENT CURRICULUM

Module II
Team Concept, Team Development and Maintenance Skills

Due to the interdependent nature of the nurse practitioner and physician assistant roles, the nurse practitioner, physician assistant, and physician must work together in some fashion to provide care to a given patient population. The relationships vary with the settings and the personalities.

There is an area of knowledge and associated skills which the nurse practitioner/physician assistant-physician team can learn and use in their day-to-day work that can improve their behavior as team members and the methods they use for decision-making and problem-solving. Utilizing this information can lead to better use of time and energy, more coordinated care, greater job satisfaction, and improved relationships for the team.

The development of team skills is facilitated by the presence of a team developer or faculty person who has experience in this field. However, the absence of this individual does not make it impossible for the team to deal with the issues or use systematic method to improve their teamwork.

Module II provides materials to help the team learn team development and maintenance skills.

TERMINAL OBJECTIVES

	Knowledge	Skill	Attitude
1.	Recognize the implications and issues of team practice.	Demonstrate knowledge of the team concept and team development issues by identifying problems of the MD-NP/PA team.	Choose to work on establishing a good MD-NP/PA team relationship.
2.	Explain team development and maintenance procedures.	Exhibit ability to set team goals, identify norms, and use decision making, problem solving, and conflict resolution techniques.	Integrate team maintenance and team development procedures into the practice.
3.	Recognize areas of need for continued team assessment.	Evaluate personal and team progress in the areas of task and process.	Organize methods and allow time for team evaluation within the practice.

TEAM DEVELOPMENT CURRICULUM

Module II
Team Concept, Team Development, and Maintenance Skills

A. Introduction to the Concept of Team Practice

OBJECTIVES

1. Define team practice. Apply this definition to the physician/nurse practitioner/physician assistant (MD-NP/PA) practice.
2. Differentiate among types of practices and teams.
3. Demonstrate knowledge of the history of the health care team development within the health care system.
4. Identify the political and philosophical implications of care delivered by the MD-NP/PA team.
5. Specify a minimum of three assumptions underlying the need for teams in the health care system and explain how these apply to the MD-NP/PA teams.
6. Describe advantages and disadvantages of team practice to the patient, physician, physician assistant, nurse practitioner, the practice or organization in which the practice is located, and to the health care system.
7. Describe how the team concept facilitates the practice of primary care and of family practice.
8. Determine the role of the patient in team delivered care.

CONTENT

1. Definitions of team practice
    a. Team
    b. Co-practice
    c. Collaborative practice
2. Team practice
    a. History of health care teams and of the MD-NP/PA team development
    b. Changes in the delivery of health care that promote team health care and MD-NP/PA team
    c. Philosophy of team care
    d. Potential impact of team care on the health care system, the providers, and the patients; potentials and problems of team-provided patient care.
    e. Co-ordination and cost of MD-NP/PA team
    f. The patient as a team member

TEAM DEVELOPMENT CURRICULUM

Module II

OBJECTIVES	CONTENT
a. State advantage and disadvantage of having the patient as a member of the team.	
b. Explain the effects of the rising consumer movement on the health care system's organizations and on team development.	

B. Team Development Concepts

1. Define the role of the team consultant or faculty member.	1. Definition of the role of a team developer or faculty member and determination of the need for this person
2. Apply the knowledge of the stages of team development to determine your team's present stage of development.	2. Team evaluation - stages of team development
3. Differentiate between process and content areas in MD-NP/PA-MD team developmment.	3. Process and content in team development
4. Define the characteristics of an effective task oriented team.	4. Characteristics of an effective health care team.
5. State characteristics of effective leadership and membership in a team.	5. Team development issues and their effect on MD-NP/PA teams a. Leadership - membership b. Supervision - autonomy c. Power d. Norms e. Team roles - task and team maintenance roles f. Competition - collaboration g. Sex roles
6. Identify and evaluate styles of leadership in your team.	

TEAM DEVELOPMENT CURRICULUM

Module II

OBJECTIVES

CONTENT

7. Describe how the issues of power, autonomy, supervision, and competition affect your team.

8. Identify team maintenance and task roles that each team member assumes as the team develops.

   a. Evaluate what happens when a member deviates from that role or there is role overlap.
   b. Assess how personality and socialization affects each member's role development.

9. Assess how the team norms affect team function in these areas:

   a. Behavior at meetings
   b. Attendance at meetings or classes
   c. Language used by team members
   d. Seating arrangements at meetings

C. Team Maintenance Procedures

1. Using the two basic organizational patterns identified by Shaw, analyze the team's pattern of organization and communication.

2. Recognize the importance of goal setting in developing effective task and team performance.

1. Communication - importance within the team and methods to facilitate coordination of team work

   a. Paraphrasing
   b. Feedback
   c. Observation

Module II

OBJECTIVES

3. Differentiate between clear and unclear goals.

4. Explain steps for the following team maintenance procedures:

   a. Decision making
   b. Problem solving
   c. Conflict resolution

5. Explain how agreement can be unhealthy for a team.

6. Relate ways the team can be involved in the change process, identifying behavioral principles that affect the team's function in each.

CONTENT

2. Goal setting

   a. Purpose of goals
   b. Differentiating clear and unclear goals

3. Decision Making

   a. Types of decision- making methods
   b. Steps in consensus decision making
   c. Differences between clinical and process decision making
   d. Ethical decisions
   e. Making decisions on MD-NP/PA teams

4. Problem solving

   a. Problem diagnosis or identification
   b. Steps in problem solving
   c. Brain storming

5. Role negotiation

   a. Source of role problems for MD-NP/PA teams
   b. Differences between team and task roles

6. Conflict Resolution

   a. Source of conflict on MD-NP/PA teams
   b. Stages in conflict development
   c. Methods of conflict management
   d. Steps in conflict management
   e. Crises of agreement and its effect on teams

TEAM DEVELOPMENT CURRICULUM

Module II

OBJECTIVES

CONTENT

7. Change
   a. The team as a medium for change
   b. The team as a target for change
   c. The team as an agent for change

D. Development of Team Maintenance Skills

OBJECTIVES

1. Collaboratively define and establish team goals and guidelines for achieving the goals.
   a. Compare the team's goals with those of the patient, professional and organization.
   b. Categorize goals as related to task or to team maintenance.
   c. Formulate a method to ensure that patient care plans are implemented, services are coordinated, and team activities are administered.

2. Determine how the team will make decisions and participate in the decision making process.

3. Use the problem solving method to resolve team problems.
   a. Identify existing problems within the team's process and practice.
   b. Brainstorm for possible solutions.
   c. Identify and record solution.

CONTENT

1. Goal setting
   a. Identification of organizational, team, and individual goals
   b. Team's definition of main goals and subgoals
   c. Development of operating guidelines and mechanisms for clinical task and team maintenance

2. Decision-making/problem-solving
   a. Identification of team's choice of decision making process
   b. Consensus decision making practice
   c. Problem diagnosis
   d. Brain storming
   e. Problem resolution

3. Role negotiation
   a. Definition of role conflict
   b. Role negotiation procedure

4. Team communication strategies
   a. Verbal
      1) Paraphrasing
      2) Feedback
      3) Observation report
      4) Consultation

OBJECTIVES

   d. Review solution periodically for continued effectiveness.

4. Clarify each team member's responsibilities and negotiate satisfactory team maintenance and task roles within the team practice.

5. Develop strategies for creating collaborative rather than competitive communication patterns utilizing nonthreatening techniques in giving and receiving feedback in these areas:

   a. Team conferences
   b. Problem-oriented medical record audit
   c. Consultation
   d. Relating to the patient as a team
   e. Referrals

6. Recognize differences, confront them openly in a constructive manner, and use conflict resolution techniques to resolve or manage the issue in a way that maximizes personal satisfaction and task accomplishment.

   a. Recognize one's own response to and style of dealing with conflict with others.
   b. Diagnose the need for change in the team, clients, organization, and health care system.
   c. Participate in team strategies for change.

CONTENT

   b. Written
      1) Problem oriented medical records
      2) Referrals
      3) Patient summaries
   c. External communications
      1) Greater team
      2) Patients and families
      3) Community
      4) Organizational communication

5. Conflict resolution

   a. Conflict identification
   b. Negotiation methods
   c. Conflict resolution, contract, and follow-up

6. Change

   a. Rules for change agents
   b. Strategies for change

OBJECTIVES

CONTENT

E. Relationship of NP/PA-MD Teams to Administration, Staff and Other Organizations

OBJECTIVES

1. Analyze how the organization's goals, lines of communication, procedures, and structure influence the behavior, effectiveness, roles, and satisfaction of the team members.
2. Contrast the organization's method of employee or student accountability with the goal of team work.
3. Determine methods the team can use to improve communication and cooperation within the organization.
4. Identify barriers to the MD-NP/PA team practice that exist within the health care system and the community.

CONTENT

1. The relationship of the team to others
    - a. External team within the organization
    - b. Authority structure, e.g., administrative or university structure
    - c. External organizations
        - 1) Community
        - 2) Other agencies
        - 3) Health care community
    - d. Consumers

F. Team Assessments

OBJECTIVES

1. Demonstrate ability to use the team conference, chart audit, and other methods to measure patient outcomes.
2. Assess the team's concept of and adherence to their goals on an established regular basis.

CONTENT

1. Evaluation of task performance
    - a. Effectiveness of patient encounters
    - b. Efficiency of time and team member utilization
    - c. Cost effectiveness

Module II

OBJECTIVE

3. Identify the five major team tasks related to patient service and evaluate the team's performance in each area.
4. Analyze the MD-NP/PA co-practice to determine the amount of time and energy spent on issues such as inclusion-exclusion, submission-dominance, rather on collaboration or patient care.
5. Participate in planning and executing team meetings.
6. Recognize own response and style of dealing with decision making, conflicts, and practice.
7. Utilize information gained from the team and self-assessment to make plans and to re-vitalize the team effort.
8. Formulate and evaluate the image that you have developed in your team interactions:
    a. Personal and professional self-image
    b. Colleague's skills and responsibilities
    c. Perception of colleagues image of you

CONTENT

2. Evaluation of team process
    a. Review of the team's goals
    b. Determination of effectiveness of decision making, problem solving, and conflict management
    c. Continual self evaluation
    d. Evaluation of the team member's roles and satisfaction
    e. Team renewal

OBJECTIVE	CONTENT
9. Use the characteristics of an effective work team to evaluate your MD-NP/PA co-practice	

Module II
Methodology

SUGGESTIONS FOR TEACHING: Team Concept, Team Development, and Maintenance

A variety of methods are presented for the instructor to choose from. In deciding on the best method for the group, the instructor should take into account the previous knowledge basis and experience of the participants and his or her own skill and comfort with the method.

The methods are:

- listed in the methodology section with complete reprints of the instructions and the purpose in the appendix;
- described completely in the methodology section;
- identified by name, purpose and source of activity or exercise to enable the instructor to obtain the reference instructions if desired.

The objective and content material the method is meant to cover is indicated beside each method. The letters and numbers refer to the items of the team development outline.

TEAM DEVELOPMENT CURRICULUM

Module II
Team Concept, Team Development, and Maintenance Skills

A. Introduction to the Concept of Team Practice Methodology

1. History, Definitions, and Philosophy (Objective: A-1-2-3-4-5
Content: A-1-2)

Purpose: To introduce team concepts and identify advantages and disadvantages of teamwork.

Instructions: Team members read references on introduction to the team concept. Instructor lectures on history, definitions, and philosophy. Team discusses lecture material including advantages and disadvantages of team practice.

Time required: Approximately 1 hour.

2. Physician - Nurse Practitioner/Physician Assistant Teams (Objective: A-6
Content: A-2)

Purpose: To utilize practicing MD-NP/PA teams to provide the students creative, sound models to emulate.

Instructions: Panel discussion by practicing MD-NP/PA teams explaining how they operate and advantages and disadvantages with their type of practice. Follow panel with discussion period with student teams.

Time required: Approximately 1 1/2 hours.

3. How Do Others See The Team? (Objective: A-5-6-7-8
Content: A-2-d-c-f)

Purpose: Identification of reactions of significant individuals within the team environment to the team concept.

Instructions: Panel discussion about value, advantages, disadvantages, and reactions to the MD-NP/PA team concept by consumers, administrations, support staff. Panel discussion is followed by a question and answer period and with a discussion time without the panel.

Time required: Approximately 1 1/2 hours.

4. The Patient as a Team Member (Objective: A-8
Content: A-2-f)

Purpose: To identify how the team sees the patient and to structure a way for the patient to be a member of the team.

Instruction: Each team member presents a case study, identifying how the team relates to the patient and the role the patient is assigned or allowed to assume. The team evaluates its interaction with the patient and plans new ways to integrate patients into the team.

Time required: Approximately 1 hour.

5. Session I, "Factors Influencing the Coordination of Care," (Module for Health Care Delivery) (Objective: A-3 Content: A-2-b)

Purpose: To learn a systems framework for organizing the issues involved in coordinating resources in primary care delivery.

Time required: Approximately 95 minutes.

Source: Plovnick, Mark S., Fry, Ronald E.; Rubin, Irwin M.: Managing Health Care Delivery: A Training Program for Primary Care Physicians, Ballinger Publishing Co., Cambridge, 1976, pp. 9-24.

6. Teamness (See Appendix II) (Objective: A-6 Content: A-2-c)

Purpose: To identify the aspects of team that the team members consider to be most important.

7. "The Diagnosis" - Trigger film. (Objective: A-5) Content: A-2-c)

Purpose: Sets the stage for discussing the need for collaboration on health care.

Source: Video cassette (3 minutes) available from Center for Interdisciplinary Education, College of Allied Health Professions, Medical Center Annex 2, Room 125W, University of Kentucky, Lexington, Kentucky 40536.

Time required: Approximately 1 hour.

B. Team Development Concepts - Methodology

1. Team Development - Stages and Characteristics of a Team (Objective: B-1-2-3 Content: B-1-2-a-b-c)

Purpose: To provide students information on stages of team development and characteristics of a working team to assist them in evaluating their growth.

Instructions: Lecture by instructor with discussion time. If team has been functioning they can be guided by the instructor in utilizing the characteristics of a working team to evaluate themselves and to identify areas that need improvement.

Time required: Approximately 1 hour

Module II

2. Team Development Issues (Objective: B-5-6-7-9 Content: B-5)

Purpose: To recognize how issues of power, leadership, autonomy, norms, and sex roles influence the team's work and how these issues have influenced individuals in the past.

Instructions: Instructor guided discussion.

Time required: Approximately 1 hour.

3. Health Care Team Survey (See Appendix II) (Objective: B-1-2-3-4 Content: B-1-2-3-4)

Purpose: To identify individuals' ideas and opinions about teams and how they work.

Instructions: Before the session each team member completes the survey. Results are shared at the session and discussed.

Time required: Approximately 1 1/2 hours.

4. Activity 2: What Makes Teams Effective? (Objective: B-4 Content: B-4)

Purpose: To promote understanding of and agreement about the characteristics of effective teams.

Time required: Approximately 1 hour.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 58-59.

5. The Teams in My Working Life (Objective: B-4 Content: B-4)

Purpose: To identify the teams to which one belongs and examine why some are more effective than others.
Time required: Approximately 45 minutes.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 63-64.

Time required: Approximately 45 minutes.

6. Activity 7: Team Leadership Style (Objective: B-5-6 Content: B-5-a)

Purpose: To assist the team in examing its assumptions about people and their styles.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 69-71.

Time required: Approximately 45 minutes.

7. How to Recognize an Effective Team (see Appendix II) (Objective: B-9
Content: B-5)

Purpose: To identify norms which would help the team develop more effective behavior.

Instructions: Each team member completes form before the session. At the session, norms are shared and discussed. Team norms are developed.

Time required: Approximately 1 1/2 hours.

8. Norms (see Appendix II) (Objective: B-9
Content: B-5)

Purpose: To identify and evaluate existing team norms. Team negotiation and approval of norms they want to use.

C. Team Maintenance Procedures, Methodology

1. Team Maintenance Procedures (Objective: C1-2-4-5-6
Content: C-1-2-3-4-5-7)

Purpose: To emphasize the importance of and to identify effective methods of communication, goal setting, decision making, problem solving, and conflict resolution.

Instructions: Instructor lectures with question and answer session.

Time required: Approximately 1 hour.

2. Clear and Unclear Goals (see Appendix II) (Objective: C-2
Content: C-2)

Purpose: To demonstrate the contrasting behavioral consequence of having clear and unclear goals and to identify the characteristics of good and bad goals.

3. How Should Decisions Be Made? (see Appendix II) (Objective: C-4-5
Content: C-3)

Purpose: To identify effective decision making procedures for situations that physician-nurse practitioner/physician assistant teams encounter.

4. Disaster Emergency Worksheet (see Appendix II) (Objective: C-4
Content: C-3)

Purpose: To experience the advantage and disadvantages of consensus decision making.

5. Health Professionals Prestige - Consensus-Seeking Task (Objective: C-4
Content: C-3)

Purpose: To teach effective consensus-seeking techniques.

TEAM DEVELOPMENT CURRICULUM

Module II

Time required: Approximately 1 hour.

Source: Pfeifter, J. William; Jones, John E. (Eds.): A Handbook of Structured Experiences for Human Relations Training, Vol. V, University Associates, La Jolla, 1975, pp. 44-47.

D. Development of Team Maintenance Skills, Methodology

1. Goal Setting Session (Objective: D-1 Content: D-1)

Purpose: To establish team goals.

Instructions: Before the session each individual writes his or her version of the team goals, individual goals, organizational goals, and patient goals. At the session these are shared and used to define the team's main goal or core mission, subgoals, individual goals, organizational goals, and patient goals.

Time required: Approximately 2 hours.

2. "A Team Trying To Do What?" Goal Setting, Module 2 (Objective: D-1 Content: D-1)

Purpose: To help the team clarify and reach an agreement on its basic purpose.

Time required: Approximately 3 hours.

Source: Rubin, Irwin M.; Plovnick, Mark J.; Fry, Ronald E.: Improving the Coordination of Care: A Program for Health Team Development, Ballinger Publishing Company, Cambridge, 1976, pp. 56-75.

3. Evaluating Goals (Objective: D-1 Content: D-1)

Purpose: To review team goals to identify areas of understanding or conflict.

Instructions: The team reviews its goals to identify if the goals continue to be true statements of purpose, if they are clear, and if there are areas of conflict caused by the goals or in the team's feelings about the goals.

Time required: Approximately 1 1/2 hours.

4. "A Team Trying To Do What?" Setting Priorities, Module 3 (Objective: D-1 Content: D-1)

Purpose: To develop and prioritize team performance goals:

Time required: Approximately 3 hours.

Module II

Source: Rubin, Irwin M.; Plovnick, Mark J., Fry, Ronald E.: Improving the Coordination of Care: A Program for Health Team Development, Ballinger Publishing Company, Cambridge, pp. 56-75.

5. Practice Guidelines

(Objective: D-1-C
Content: D-1-C)

Purpose: To establish team practice guidelines.

Instructions: Team meeting to discuss and plan procedures for the team practice:

- scheduling - time, with whom
- consultation
- referrals
- role of the patient in the team
- team maintenance process - how often to meet, who meets, how to communicate between meetings
- method to assess patient outcomes
- relationship to greater team

Time required: Approximately 3 hours.

6. Patient Process and Care

(Objective: D-3
Content: D-2)

Purpose: To review the team's method of providing patient care and to plan improvements.

Instructions: The team evaluates patient flow and patient care that has occurred in one week. Each team member keeps a journal for that week noting:

- patients seen - appropriate for them or better to see other team member?

- patient flow - amount of time scheduled appropriate or inappropriate, problems with flow, good things that occurred

- patient care - satisfied with plan or not, why?

Share journal entries at session. Discuss problems and plan for needed changes. Videotape session and review with instructor to identify how decisions are made.

Time required: Approximately 3 hours.

7. Patient Care Plan

(Objective: D-2-3
Content: D-2)

Purpose: To identify how the team makes decisions in developing patient care plans.

Module II

Instructions: Videotape the team developing a care plan for several difficult patients. Review the tape with the instructor to determine how decisions were made and to obtain feedback to improve team decision making.

Time required: Approximately 2 hours.

8. Activity 40: How We Make Decisions (Objective: D-2 Content: D-2)

Purpose: To help participants determine their predominant decision making style and to help the team establish the decision making style most frequently used.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 168-169.

9. "How Things Get Done Around Here" Decision Making - Module 6, (Objective: D-2-3 Content: D-2)

Purpose: To practice using a tool to help improve the team's decision making ability.

Time required: Approximately 2 1/2 hours.

Source: Rubin, Irwin M.; Plovnick, Mark J.; Fry, Ronald E.: Improving the Coordination of Care: A Program for Health Team Development, Ballinger Publishing Company, Cambridge, 1976, pp. 143-171.

10. Learning to Work in Groups - Skill Practice Session, No. 4

Purpose: To increase skill in participation in team decision making and diagnosing problems therein.

Time required: Approximately 1 hour.

Source: Stech, Ernest; Ratcliffe, Sharon: Working in Groups: A Communication Manual for Leaders and Participants in Team Orientated Groups, National Textbook Co., Skokie, 1976, pp. 136-139.

Time required: Approximately 1 hour.

11. Problem Solving (See Appendix II) (Objective: D-2 Content: D-2)

Purpose: To provide team with opportunity to develop problem solving skills.

Instructions: Videotape session.

Time required: Approximately 1-2 hours.

12. Trigger Film - The Meeting (Objective: D-2-3
Content: D-2)

Purpose: To assist in identifying problems with decision making processes.

Time required: Approximately 1 hour.

Source: "The Meeting" a film available from Center for Interdisciplinary Education, College of Allied Health Professions, Medical Center Annex 2, Room 125W, University of Kentucky, Lexington, Kentucky 40536.

13. Virginia Study Problems and Illness Checklist (Objective: D-4
Content: D-2)

Purpose: Identification of areas of agreement and differences in interpretation of the clinical role of NP/PA by the NP/PA-MD team.

Role Negotiation list: (See Appendix II) for each of the diagnoses)

Instructions: The physician, nurse practitioner, and/or physician assistant separately complete the role negotiation lists for each of the diagnoses before the session. At the session they share the information, discuss and attempt to resolve the areas of differences.

Time required: Approximately 1 1/2 hours.

14. Role Negotiation (Objective: D-6
Contents: D-5)

Purpose: Practice in negotiation of role conflict issues.

Instructions: The MD-NP/PA team chooses an area of role conflict from the Role Negotiation List (see Appendix II) They role play the negotiation with the instructor and videotape the negotiation. Review the videotape with the instructor.

Time required: Approximately 2 hours.

15. Team Conference (Objective: D-4
Contents: D-3)

Purpose: To identify and negotiate team member's roles within actual patient care situations.

Instructions: The team picks 2 or 3 difficult patient situations that need continued evaluation and planning. Team members each identify and negotiate the roles they think they should play in the patient care plan. Videotape and review with instructor.

Module II
Time required: Approximately 2 1/2 hours.

16. "Who Does What Around Here?" Module 4 and 5 (Objective: D-4 Content: D-3)

Purpose: To learn a method to clarify team members' roles and to deal with role conflicts.

Time required: 1 day.

Source: Rubin, Irwin M.; Plovnick, Mark J.; Fry, Ronald E.: Improving the Coordination of Care: A Program for Health Team Development, Ballinger Publishing Company, Cambridge, 1976, pp. 96-139.

17. Reducing Role Conflict (Objective: D-4 Content: D-3)

Purpose: To use an increased understandings of the role of each team member as a basis for role negotiation.

Instructions: 1. Each team member indicates his or her perceptions of the role of each other member verbally or on 3"x5" card. 2. The team member whose role is being discussed then responds indicating his or her competencies and professional responsibilities. 3. Examine overlapping roles. 4. Renegotiate role assignments.

Time required: Approximately 2 hours.

18. Trigger Film - "The Schedule" (Objective: D-4 Content: D-3)

Purpose: Sets the stage for discussing the need for cooperation and collaboration, and role negotiation and the effect of "turf guarding"

Source: "The Schedule," 3-minute color videotape or 16 mm film available from the Center for Interdisciplinary Education, College of Allied Health Professions, Medical Center Annex 2, Room 125W, University of Kentucky, Lexington, Kentucky 40536.

Time required: 3-minute film. 1 hour session.

19. Problem Orientated Medical Record (POMR) (Objective: D-5 Content: D-4)

Purpose: To evaluate and improve the team use of the POMR as a means of communication.

Instructions: Each team member randomly pulls 10 of their other team members' patients' records and evaluates them in terms of problems and value of the communication the records would provide if they were to see those patients at their next visit. List problems and good communicating points. Discuss and use information to establish guidelines to improve communication through use of the POMR. Set a time to re-evaluate.

TEAM DEVELOPMENT CURRICULUM

Module II

Time required: Approximately 2 hours.

20. Consultation Method

(Objective: D-5-C
Content: D-4-a)

Purpose: To evaluate and improve present consultation method.

Instructions: Videotape MD-NP/PA consultation on several patients, ideally with one example of nurse practitioner or physician assistant consulting with a physician and one vice versa. Review with instructor. Identify problems and make plan to resolve problems. Set a time to review situation.

Time required: Approximately 2 hours.

21. Referrals

(Objective: D-5-e
Content: D-4-b)

Purpose: Evaluate and improve present referral system and the communications established by the referral.

Instructions: Team conference to discuss present referral system, who should make the referrals, what information should be included, who to refer to.

Time required: Approximately 1 hour.

22. Referral Panel

(Objective: D-5-e)
Content: D-4-b)

Purpose: To identify reactions of patients and specialists to the team's manner of referral and improve the experience of referral for all involved by improving communications.

Instructions: Arrange a panel of individuals to whom the team refers patients, including some of these individuals' staff members and some patients who have been referred by the team. The panel is to discuss their experiences, problems that occurred, and any suggestions to improve referrals. Provide time for clarification and for the team to discuss the information and make plans to integrate this into a plan to improve their referral system.

Time required: Approximately 2 1/2 hours.

23. Staff Critique

(Objective: D-5
Content: D-4-C)

Purpose: To utilize feedback from the greater team to improve communications and productivity.

Instructions: Staff members who have continued contact with the team are asked to write anonymously about the positive and negative aspects of the team. The team discusses this input using it to make a plan to improve communications and productivity. The staff members can be involved in the discussion, and the feedback can be verbal if individuals are comfortable with that.

Time required: Approximately 2 hours.

24. Patient Critique of Team (Objective: D-5-d
Content: D-5-c)

Purpose: Utilize patients' critiques of the team to improve communications.

Instructions: Gather anonymous patient critiques of the team. Discuss the critique and use the information to plan improved communication methods and procedures to improve team-patient relationships.

Time required: Approximately 2 hours.

25. Patient Encounter (Objective: D-5-d)
Content: D-4-c)

Purpose: To evaluate and improve the team's communication among themselves and between themselves and patients.

Instructions: Videotape the team's encounter with 1 or 2 patients. Review and evaluate the encounter with the instructor.

Time required: Approximately 1-2 hours.

26. Team Observation Protocol (Objective: D-5
Content: D-4-3)

Purpose: To categorize the major statements of team members and to identify who participates in team discussions, what kind of statements are made by the various professionals, and how decisions are reached by the team.

Time required: Varies with length of team conference being evaluated.

Source: "The Team Observation Protocol," Ducanis, Alex J.; Golin, Anne K.: The Interdisciplinary Health Care Team, A Handbook, Aspen Systems Corporation, Germantown (Maryland), 1979, pages 96-118.

27. Activity 5: Team Mirroring (Objective: D-5
Content: D-4-a-)

Purpose: To allow the team to see themselves as others see them. (Requires two separate teams who normally work with or near each other)

Time required: Approximately 3 hours.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 65-66.

Module II

28. Paraphrasing (Objective: D-5
Content: D-4-a)

Purpose: To increase understanding of information received by repeating what the other has said before continuing with the communications.

Time required: Approximately 105 minutes.

Source: Communication Strategies - Paraphrasing

29. Feedback (Objective: D-5
Content: D-4-a)

Purpose: To provide team members experience and practice in giving and receiving feedback to facilitate communication and team maintenance.

Time required: Approximately 70 minutes.

Source: Communication Strategies - Feedback
(See Appendix II)

30. Who Talks to Whom (Objective: D-5
Content: D-4)

Purpose: To improve communication and observation of communication in the team.

Time required: Approximately 45 minutes.

Source: Practice in Observation. Use at a team conference.
(See Appendix II).

31. Activity 37: Improving One-to-One Relationships (Objective: D-6
Content: D-5)

Purpose: Conflict resolution method which seems to bring about improved relationships by clarifying expectations and ways that the individuals can be more helpful to each other.

Time required: Approximately 2 hours.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 161-162.

32. Conflict Resolution (Objective: D-6
Content: D-4)

Purpose: To give the team practice in using conflict resolution techniques.

Instructions: The team chooses a topic from Conflict Resolution (see Appendix II) and role plays (videotape) a meeting to resolve the conflict. Review videotape with an instructor.

TEAM DEVELOPMENT CURRICULUM

Module II

Time required: Approximately 2 hours.

33. Role Reversal (Objective: D-6
Content: D-5)

Purpose: To view an area of conflict from the opposite individual's perspective in an attempt to use this understanding in conflict resolution.

Instruction: The team identifies an area where they know there are differences of opinion. They reverse roles and discuss the issue. Videotape role playing, review with instructor, and use understanding to resolve the differences.

Time required: Approximately 2 hours.

34. Intergroup Meeting: An Image Exchange (Objective: D-6
Content: D-5)

Purpose: To resolve conflict between two groups. Can be used with groups of physicians, nurse practitioners, and physician assistants.

Source: Pfeiffer, J. Williams; Jones, John E. (Eds.): *A Handbook of Structured Experiences for Human Relations Training*, University Associates Publishers and Consultants, La Jolla, 1975, pp. 81-83.

35. A Problem-Solving Program (Objective: D-6-b-c
Content: D-6)

Purpose: To learn how to analyze something that needs to change and learn how to make it change in the way that you want it to, and that will benefit all.

Source: (See Appendix II). Apply a problem-solving program to:

- Patient compliance
- Team problems
- Organizaional change
- Any of the areas on the change list in the appendix.

Time required: Approximately 2 hours.

E. Relationship of NP/PA-MD Teams to Administration, Staff, and Other Organizations

1. Utilized Methodology from Section D, Development of Team Maintenance Skills.

F. TEAM ASSESSMENT Methodology

1. Patient Encounter (Objective: F-1
Content: F-1)

Purpose: To periodically evaluate team-patient interaction and relationship.

Instructions: Team evaluate patient encounter to determine:

- What is the influence or leadership position of the team in delivering care to the patient?
- What characteristic pattern of interaction exists in the team?

Time required: Approximately 1 hour

2. Team Development Scale (Objective: F-3
Content: F-2)

Purpose: To evaluate team's stage of development.

Instructions: Each team member completes the Team Development Scale (see Appendix II) before the team meeting. At the meeting the results are shared and problem areas identified.

Time required: Approximately 45 minutes.

3. Processing (Objective: F-4
Content: F-2-c)

Purpose: An apprasial of group effectiveness to enhance individual growth.

Time required: Approximately 2 hours.

Source: Processing (Appendix II).

4. "How Are We Doing As a Team?" Vital signs, Module 1; (Objective: F-7
"Where Do We Go From Here?" Planning Next Steps, Module 7; Content F-2)
"Bringing a New Member on Board," Module A;
"How We Interact When We Work?" Leadership, Module C;
"What It Feels Like to Work Around Here," Norms, Module D;
"Interacting with the Rest of the Organization," - Module E

Source: Rubin, Irwin, M.; Plovnick, Mark S.; Fry, Ronald E.: Improving the Coordination of Care: A Program for Health Team Development, Ballinger Publishing Company, Cambridge, 1976.

5. Rounds (Objective: F-1
Contents: F-2)

Purpose: To establish a method of obtaining everyone's opinion on a topic or evaluation of a meeting.

Instructions: Each team member should be given 1 to 3 minutes of uninterrupted time to explain his or her views on a subject or evaluation of the team meeting. Everyone else listens.

Time required: Depends on number of persons in the team.

6. Meetings (Objective: F-5 Contents: F-2)

Purpose: To evaluate team meetings.

Instructions: Complete form describing the team meeting. Share and discuss. Identify problems and brainstorm regarding resolutions. (See Appendix II for meetings form)

Time required: Approximately 1/2 hour.

7. Team Effectiveness Diagnostic Instrument (Objective: F-9 Content: F-1)

Purpose: To evaluate team effectiveness

Instructions: (See Appendix II)

Time required: Approximately 1 hour.

8. Activity 19: Counseling To Increase Learning (Objective: F-6 Content: F-2-c)

Purpose: To enable team members to assist each other in defining their individual needs.

Time required: Approximately 1 hour.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979 pp. 97-100.

9. Activity 28: Initial Review (Objective: F-7 Content: F-1-2)

Purpose: To provide information about how team members view the team to be used as beginning point for action.

Time required: Approximately 1 1/2 hours.

Source: Woodcock, Mike; Team Development Manual, John Wiley and Sons, New York, 1979, pp. 137-139.

10. Activity 39: Process Review (Objective: F-8 Content: F-2-e)

Purpose: To study team meetings and activities for the purpose of improving teamwork.

Time required: Since it is used to review an activity or meeting, the time depends on the activity. Observers report and discuss - 15-20 minutes.

Source: Woodcock, Mike; Team Development Manual, John Wiley and Sons, New York, 1979, pp. 165-167.

11. Activity 14: Team Self-Review (Objective: F-4
Content: F-1)

Purpose: To improve team effectiveness by reviewing performance.

Time required: Approximately 45 minutes.

Source: Woodcock, Mike; Team Development Manual, John Wiley and Sons, New York, 1979, pp. 170-172.

12. Diagnosing Teamwork Problems (Objective: F-7
Content: F-2-C)

Purpose: To identify the strengths of the team that can be used most profitably to improve the team.

Time required: Approximately 1 1/2 hours.

Source: Woodcock, Mike; Team Development Manual, John Wiley and Sons, New York, 1979, pp. 27-28.

13. Activity 1: Our Team and Its Stage of Development (Objective: F-8
Content: F-2-b)

Purpose: To identify the stage of development of the team.

Time required: Approximately 1 hour.

Source: Woodcock, Mike; Team Development Manual, John Wiley and Sons, New York, 1979, pp. 56-57.

14. A Functional Yardstick for Team Analysis (Objective: F-9
Content: F-2)

Purpose: To analyze the team's status regarding vital team life issues which must be evaluated periodically to guide the team on its road to success.

Instructions: Each team member answers the questions before the session in a Functional Yardstick for Team Analysis (See Appendix II) Areas of agreement are re-affirmed. Areas of disagreement are listed and a plan for resolution is agreed upon.

Time required: Approximately 3 hours.

15. Self-Analysis Checklist (Objective: F-6
Content: F-2-c)

Purpose: To identify team maintenance roles of individuals on the team.

Instruction: After the team meeting each member should complete the Self-Analysis Checklist. (See Appendix II) Lists should be shared with team members to obtain agreement on role identification. Identification of aggressive behavior needs to be confronted and a plan to resolve the conflict agreed upon.

Time required: 15 minutes - 1 hour. Depends on identification of problem areas and number of people involved.

16. Activity 43: The Working Clock (Objective: F-1
Content: F-2-c)

Purpose: To assist individuals in making better decisions about the use of time.

Time required: Approximately 1 hour.

Source: Woodcock, Mike: Team Development Manual, John Wiley and Sons, New York, 1979, pp. 175-176.

TEAM DEVELOPMENT CURRICULUM

Module II

Team Concept, Team Development and Maintenance Skills

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MODULE II

APPENDIX II

Appendix II

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TEAMNESS

Rank the following from 1 to 9, with 1 indicating what you believe to be the most important aspect of Teams, 2 the next most, etc., until you reach rank 9.

______ Teams function best when there is understanding and commitment to the identified group goals.

______ Teams require that each individual's unique resources be used fully.

______ Open, authentic interaction is essential to team productivity.

______ Teams work best when they have adequate procedures for managing tasks.

______ Teams are effective to the degree that they capture the motivation and interests of the individuals who make up the teams.

______ Teamwork is characterized by the ability of a group to examine its communication process so as to constantly improve iteself.

______ Teamwork utilizes the appropriate steps and guidelines for decision making in the solution of problems.

______ Teamwork is achieved when the individual members have a strong sense of belonging to the group.

______ Teamwork is effective when shared leadership is practiced.

Share ranking and discuss in team conference. Time - 45 minutes.

Baldwin, Michele: Office of Rural Health, School of Medicine, University of Nevada, Reno, Nevada. Reprinted with permission.

HEALTH CARE TEAM SURVEY

1. First, thinking of teams in general, please rank in order 1 to 5 those elements which you think are most important for a good team:

_____ Common goal
_____ Competence, skills
_____ Compatible personalities, rapport
_____ Mutual respect, trust
_____ Good communication
_____ Cooperation, ability to work together
_____ Openness, sharing, honesty
_____ Understanding each other's roles and disciplines
_____ Confronting issues, resolving conflicts, making decisions
_____ Enthusiasm, individual initiative

Now, for each of the following statements, please circle the letters which most closely represent your opinion:

SA Strongly agree
A Agree
D Disagree
SD Strongly disagree

Your initial response is important. Do not dwell on any one statement, but be sure to circle one answer for each.

The first group of statements relates to your opinions about teams in general:

2. The success of a team depends on its ability to communicate, no matter what its task. SA A D SD

3. Most people won't carry their share of the load when they know they have other team members who can do it for them. SA A D SD

4. The most important thing for a good team is that each team member brings unique professional skills. SA A D SD

5. I would rather have a leader make decisions and delegate responsibility than make decisions as a team. SA A D SD

6. A team can accomplish more than the same individuals could working separately. SA A D SD

7. A team should put up a united front for its public. SA A D SD

8. The more time a team spends learning to work together, the better job they will do. SA A D SD

9. Team leaders should be chosen democratically. SA A D SD

10. More personal growth takes place when team members spend a lot of time discussing their task than when they don't. SA A D SD

11. Team participation usually leads to increasing one's professional skills. SA A D SD

12. Team members probably work together better if they don't see much of each other outside the team setting. SA A D SD

The next group of statements refers more specifically to teams for health care delivery.

13. The presence of all team members with a patient overwhelms the patient and violates patient privacy. SA A D SD

14. Rotating leadership is the most effective way to run a team. SA A D SD

15. Detailed planning at the end of each clinic for what will happen the next week destroys spontaneity of the teams. SA A D SD

16. Families have more confidence in a team than in just one person. SA A D SD

17. Having a team do health asssessments may give a family a false impression of the kind of care available to them. SA A D SD

18. It is difficult for patients to trust all members of a health care team. SA A D SD

19. Health care teams are the best possible way of delivering quality health care. SA A D SD

20. To work as a team means all team members must be present for all activities during the clinic session. SA A D SD

21. When one person carries out a specific responsibility assigned by the team, that person can do it in whatever way he or she feels is best. SA A D SD

22. No team member should criticize another team member's performance in front of patients. SA A D SD

23. All functions undertaken in the clinic should be undertaken by prior team decision. SA A D SD

24. It doesn't matter who performs functions in the clinic so long as team members all share in discussion of the findings. SA A D SD

25. Working as a team takes more time than working as individuals. SA A D SD

People have various ideas about roles of members of a health care team. These statements reflect your opinions about the roles and functions of members of a professional health care team.

26. Doctors should make final decisions about patient care because they will ultimately be held responsible by the public. SA A D SD

27. Most NP/PAs can do just as good a physical exam as most doctors. SA A D SD

28. Social workers don't really belong on health care teams. SA A D SD

29. Most doctors don't really view a person as a whole but only look at the symptoms. SA A D SD

30. NP/PAs should always be supportive of the doctor's views even when they disagree. SA A D SD

31. The doctor should always explain to other members of the team what he or she is doing with the patients. SA A D SD

32. It is not important for doctors and NP/PAs to understand how lab tests are run, as they only need the results. SA A D SD

33. Without a psycho-social person on the team, other team members could not understand the full impact of psycho-social factors on the physical health of a person. SA A D SD

34. Most nursing students probably know as much about illness as most medical students. SA A D SD

35. Teams should decide who can do what best and assign responsibilities without considering traditional roles. SA A D SD

36. The record keeping system is really the concern of the physician and the rest of the team does not need to be concerned about that. SA A D SD

37. Pscho-social personnel know less than the physicians do about which physical symptoms signal emotional problems. SA A D SD

38. When ideas differ about what course of treatment is called for, the team should always negotiate, study, and discuss until a team concensus is reached. SA A D SD

39. When a difficult diagnosis needs to be discussed with a family, only the physician should do it. SA A D SD

Yee, Roberta, Curriculum for Interdisciplinary Training Programs with Health Profession Students, American Medical Student Association Foundation. Developed under Grant No. MB 00104-01 awarded by the Office of Interdisciplinary Programs, Bureau of Health Manpower, Dept. of HEW. Reprinted with permission.

HOW TO RECOGNIZE AN EFFECTIVE TEAM

	Identify some norms which you could establish to ensure each effective behavior
1. Members are not to ignore seriously intended contributions.	
2. Members are to check to make sure they know what a speaker means by a contribution before agreeing or disagreeing with it.	
3. Each member speaks only for himself and lets others speak for themselves.	
4. All contributions are viewed as belonging to the group, to be used or not as the group decides.	
5. All members participate, but in different and complementary ways.	

6. Whenever the group senses it is having trouble getting work done, it tries to find out why.

7. The group recognizes that whatever it does is what it has chosen to do. No group can avoid making decisions; a group cannot choose whether to decide but only how to decide. Thus, an effective group makes decisions openly rather than by default.

8. The group brings conflict into the open and deals with it. The members recognize that conflict is inevitable, but that the choice is theirs as to whether the conflict will be open (and subject to group control) or disguised (and out of control).

9. The group looks upon behavior which hinders its work as happening because the group allows or even wants it, and not just as the result of a "problem member."

Rowley, Beverly, MA; Baldwin, Dewitt C.; Baldwin, Michele: Office of Rural Health, School of Medicine, University of Nevada, Reno, Nevada. Reprinted with permission.

NORMS

Problem Addressed:

The working rules related to behavior in teams are often referred to as norms. Whether identified or not norms operate in any on-going group. Lack of their clear definition may result in conflict arising from perceptions that rules (implicit) do not apply to every member of the team. It appears that the formulation of explicit norms enhances team task effectiveness and reduces inter-personal conflict.

Description:

The members of the team will identify existing operational and interpersonal norms. They will also identify additional norms which would be useful for better team functions. The team as a whole will negotiate and approve the norms which it will use.

Objectives:

1. To understand the principles of norm identification, formation, and validation.
2. To identify norms as they operate in groups.
3. To develop explicit group norms.
4. To identify the values/problems associated with explicit norms and their use.

Methodology:

1. 15-20 minute presentation or readings covering the principles of norms and their use.
2. Each participant individually will write their perception of existing norms (personal and task) and the impact of each (15 minutes).
3. Each participant writes additional norms needed and those which are not effective (10 minutes).
4. Team assembles and each member presents their list of norms, and proposed changes (30 minutes).
5. Entire group discusses desired norms, agrees upon the specific explicit norms to be utilized (45 minutes).

Yee, Roberta: Core Curriculum for Interdisciplinary Training Programs with Health Professions Students, American Medical Student Association Foundation. Developed under Grant No. MB 00104-01 awarded by the Office of Interdisciplinary Programs, Bureau of Health Manpower, Department of HEW, Washington, D.C.

CLEAR AND UNCLEAR GOALS

Purpose:

To demonstrate the contrasting behavioral consequences of having clear and unclear goals.

Setting:

This exercise makes a good general session. It not only reveals a behavioral science principle of group dynamics but also can be used as a demonstration of laboratory method, e.g., producing a theoretical explanation from behavioral data. Total time required: approximately one hour.

Procedure:

1. Arrange and seat the participants in circles of six to eight people.

2. The group is to select an observer and send him to a corner of the room. While the observers are receiving instructions, the group is to try to get acquainted.

3. Brief the observers by giving each a copy of the observation guide (Sheet 1a). Tell them that the groups will work on two tasks. The first task will be unclear, the second will be clear. Their job is to make careful observations of group behavior on the two tasks.

4. Observers return to their groups but sit outside the circle.

5. Brief the total group: "We are going to study group behavior by working on two brief tasks. Your observer will not participate but will report to you at the end of the second task. Your first task will take about eight minutes. I will give you a warning a minute before the time is up. Here is the problem for you to discuss."

   Task I

   1. Provide families in the surrounding community with comprehensive, continuing primary care.

   2. Maintain and increase the practice productivity, availability, and quality of care.

   Task II

   1. Provide the diabetic patients in the practice with patient education.

   2. Establish protocols and quality assurance measures to monitor chronic illness care in the practice.

   Groups work on one item of Task I for 8 minutes. Stop. Then work on one item of Task II. Observers share information.

6. General Briefing: Group A is to produce a list of characteristics of Good and Bad Goals, with one person recording them on large paper in two columns.

   Group B is to listen to Group A, make notes, and be ready to add to the list.

   At a signal, Group B will critique A's list, and both groups will jointly select the four or five most important good and bad characteristics from the list.

7. Clusters work as instructed for about six minutes. Then Groups A and B work together for about nine minutes.

8. Groups A and B change places, with Group B in the center. Group B's task is to list behavioral symptoms of each of the good and bad characteristics they now have listed on large paper.

9. The clusters discuss the nature of group goals and their consequences in feelings and behavior, and select a person to report to the total group.

10. The reporters present brief statements; the worksheets are posted on the wall.

11. The trainer presents a summary, giving emphasis to the following:

   . Characteristics of good goals:

   clear
   acceptable
   attainable
   amenable to modification or clarification

   . Clear, acceptable and attainable goals cannot always be determined in advance. The first job of any group is to clarify and modify stated goals until they are clear and acceptable.

   . Clear and acceptable goals make it easier for a member to diagnose needed roles and to accept responsibility for achievement.

   . Possible symptoms of unclear or unacceptable goals:

   tension, joking, or horseplay
   getting off into side issues
   failure to use, support, or build on worthy ideas

   Elaboration will depend upon the quality of work of the groups. It may be that groups have sufficiently conceptualized so that little further comment is necessary.

Materials:

1. Large paper and magic markers or blackboard and chalk
2. One copy of observation guide for each participant
3. The two tasks written on large paper, ready to be exposed one at a time at the appropriate moment

Analysis of the Data:

1. Observers report to their groups. (Give a copy of the observation guide to each participant).
2. Group discusses the observations. Explain that the purpose is not to agree or disagree with the observer but to share perceptions more generally.
3. Form a cluster by asking a group to pull their chairs in a circle around another group. The inner circle becomes Group A, the outer circle Group B. Ask the remaining participants to form similar clusters around the room.

OBSERVATION GUIDE

	First Task	Second Task
1. Number of times the goal was clarified or asked to be clarified.		
2. Assessment of "working climate" in the group. Was it cooperative, hostile, pleasant, critical, accepting, etc.?		
At the beginning		
At the middle		
At the end		
3. Verbal behavior not directly related to getting the job done (side conversation, jokes, comments).		
4. Nonverbal behavior not related to getting the task done (looking around the room, horseplay, bored withdrawal, hostility).		
5. How much progress did the group make in getting the task done? (Make an estimate.)		

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HOW SHOULD DECISIONS BE MADE?

MD-NP/PA team discusses cases to determine most efficient and satisfactory decision making procedure for each case.

1. A patient comes into the clinic with severe chest pain, probable myocardial infarction.
2. A variety of patients are waiting; all are new. Appointments were made to the team, not to an individual. The team is behind because of an emergency situation that occurred earlier in the day.
3. The physician feels that the team's diabetic patients' compliance is poor and he or she wants to try to discover the reason and to try a new approach.
4. Both the MD and NP/PA feel that the office staff is not supportive of the team concept.
5. The NP/PA has been employed by the physician for a year and feels it is time for a salary and performance evaluation and a new contract.
6. The team is not seeing enough patients to meet its costs.
7. The NP/PA wants to provide patient education classes.
8. The administrator requests that the MD-NP/PA team develop quality assurance methods.

CONTINUING EDUCATION PROGRAM
SCHOOL OF NURSING
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

EXERCISE GROUP WORKSHEET

INSTRUCTIONS: This is an exercise in group decision-making. Your group is to employ the method of Group Consensus in reaching its decision. This means that the prediction for each of the 15 survival items must be agreed upon by each group member before it becomes a part of the group decision. Consensus is difficult to reach. Therefore, not every ranking will meet with everyone's complete approval. Try, as a group, to make each ranking one with which all group members can at least partially agree. Here are some guides to use in reaching consensus:

1. Avoid arguing for your own individual judgments. Approach the task on the basis of logic.

2. Avoid changing your mind only in order to reach agreement and avoid conflict. Support only solutions with which you are able to agree somewhat, at least.

3. Avoid "conflict-reducing" techniques such as majority vote, averaging, or trading in reaching your decision.

4. View differences of opinion as helpful rather than hindering in decision-making.

_______ Designate categories of personnel to use

_______ Inform hospital staff - X-ray, labs, units, etc.

_______ Designate triage area

_______ Designate routes for transporting casualties to treatment areas

_______ Define categories of injuries

_______ Designate treatment areas

_______ Inform press

_______ Inform and support families of casulaties

_______ Obtain supplies

_______ Assign personnel

_______ Discharge hospital patients to free beds

_______ Designate personnel pool area

_______ Tag casualties and record vital information

_______ Maintain security

_______ Designate Disaster Commander

Disaster Emergency Worksheet

A disaster committee has been appointed at your hospital with representatives from every department. You are a member of this committee. Before the committee holds it first meeting a disaster occurs involving the derailment of a passenger train which has been hit by a tractor-trailer.

Word has come that there are 50-100 casualties. Yours is the only hospital within 100 miles. Casualties will begin to arrive within 30-40 minutes.

An emergency meeting of the committee has been called. Below is a list of things which must be done. Your task is to rank order them in the order of their importance from 1-15, as you think a committee of experts in planning for diasters would. Place number 1 by the most important item, the number 2 by the second most important, and so on through number 15, the least important. You have 10 minutes to complete this phase of the exercise.

______ Designate categories of personnel to use

______ Inform hospital staff-- X-ray, labs, units, etc.

______ Designate triage area

______ Designate routes for transporting casualties to treatment areas

______ Define categories of injuries

______ Designate treatment areas

______ Inform press

______ Inform and support families of casualties

______ Obtain supplies

______ Assign personnel

______ Discharge hospital patients to free beds

______ Tag casualties and record vital information

______ Maintain security

______ Designate Disaster Commander

______ Designate personnel pool area

Group Consensus Scoring Sheet

The group recorder will assume the responsibility for directing the scoring. Individuals will:

1. Score the net difference between their answers and current answers. For example, if the answer was 9, and the correct answer was 12, the net difference is 3. Three becomes the score for that particular item.
2. Total these scores for an individual score.
3. Next, total all individual scores and divide by the number of participants to arrive at an average individual score.
4. Score the net difference between group worksheet answers and the correct answers.
5. Total these scores for a group score.
6. Compare the average individual score with the group score.

Ratings:

0 - 20	Excellent
20 - 30	Good
30 - 40	Average
40 - 50	Fair
over 50	Poor

Group Consensus Answer Sheet

6 Designate categories of personnel to use

1 Inform hospital staff---x-ray, labs, units, etc.

8 Designate triage area

11 Designate routes for transportaing casualties to treatment areas

4 Define categories of injuries

5 Designate treatment areas

15 Inform press

14 Inform and support families of casualties

9 Obtain supplies

3 Assign personnel

13 Discharge hospital practice to free beds

7 Designate personnel pool area

10 Tag casugalties and record vital information

12 Maintain security

2 Designate disaster commander

PROBLEM SOLVING

MD-NP/PA team can be given or choose problem to problem solve. Videotape session and review with the instructor.

1. A patient gets angry because he believed he was scheduled to see the physician and instead saw the NP/PA.
2. A female patient refuses to see the male physician in consultation with NP/PA as she doesn't want to be examined by a man.
3. A patient with chest pains is found to be waiting for a long time because he was scheduled to see the busy physician.
4. A patient is angry about waiting a long time because he saw the NP/PA who then needed to consult with the MD who was tied up with his or her own patients.
5. The office staff refuses to allow the NP/PA to refill prescriptions or make referrals.
6. Referrals made by NP/PA are sometimes refused by referral office staff and the physician has to call.
7. The physician states that problem oriented medical record is the way to chart, but often fails to use it.
8. A great deal of time is spent by the NP/PA individually counseling patients on birth control methods, diabetes, etc. The team feels activity is important but wants to find more efficient way.
9. Patient is upset about the high office visit charge as he did not see the doctor.
10. The receptionist only schedules the NP/PA for limited types of patients.
11. The MD-NP/PA team never seem to have time to sit and discuss problems.
12. The physician never initiates a meeting.

PATIENT MANAGEMENT

Role Negotiation

	ASSESSMENT					INTERVENTION							
	Obtain History	Do Physical Exam	Do Diagnostic Tests	Order Diagnostic Tests	Make Diagnosis	Manage Independently	Consult Physician	Refer to Physician	Initiate Plan (Dx or Rx)	Provide Patient Education	Counseling	Prescribe Pharmaceutical	Non-Pharmaceutical
COMMON PROBLEMS													
Failure to Thrive													
Back Pain													
Bursitis													
Cellulitis													
Prostatitis													
Appendicitis													
Bleeding per Rectum													
Asthma													
Acute Myocardial Infarction													
Phlebitis													
Congestive Heart Failure													
Seizure Disorder													
URI													
Pneumonia													

PATIENT MANAGEMENT

Role Negotiation

	ASSESSMENT					INTERVENTION							
	Obtain History	Do Physical Exam	Do Diagnostic Tests	Order Diagnostic Tests	Make Diagnosis	Manage Independently	Consult Physician	Refer to Physician	Initiate Plan (Dx or Rx)	Provide Patient Education	Counseling	Prescribe Pharmaceutical	Non-Pharmaceutical
COMMON PROBLEMS													
Dysmenorrhea													
Symptoms of Climacteric													
Syphillis (+) VDRL													
Secondary Amenorrhea													
Dysfunctional Uterine Bleeding													
Strep Throat													
Obesity													
Family Planning													
Diabetes (Controlled)													
Hypertension													
Iron Deficiency Anemia (3 year old)													
Depressive Neurosis													
Alcohol Abuse													
Impotence, Other Sexual Disorders													

Adapted with permission from the Virginia Study in "Guidelines for FNP Curriculum Planning" edited by Darlene Jelinek, RN, FNP, and Bertold E. Umland, M.D.

ROLE NEGOTIATION

The MD-NP/PA team can be given or choose a topic from below or choose a role negotiation issue occurring within the team.

1. The NP/PA feels that he or she wants to see patients with more complicated problems.
2. The MD feels that he or she needs to have a break from only seeing complicated problems.
3. Both like to suture and do other surgical procedures.
4. The physician feels that the NP/PA should see all the family planning and well-baby patients.
5. The physician feels that only he should review lab results.
6. The NP/PA wants to make hospital rounds.
7. The physician feels that if there is to be a referral from the NP/PA to a specialist, he must re-examine the patient completely. The NP/PA feels that this makes him or her reluctant to see complicated patients and that it causes patients to wait a long time.
8. The physician feels that the NP/PA should not counsel patients but should refer them to mental health services if needed.
9. The physician feels he should handle all emergencies, yet when he is gone from the office he expects the NP/PA to do so alone.
10. The NP/PA feels that he or she always has to call team meetings and keep the records.

COMMUNICATION STRATEGIES

A. Paraphrasing

Problem Addressed:

Communication between two or more people is often inaccurate because one does not usually check with others to verify they understand what was said. It is often taken on face value that what is said is completely understood. People receive messages with different connotations due to non-verbal gestures or other factors not included in the wording of the message. Paraphrasing is a method that facilitates the communication process.

Description:

This exercise requires that the receiver of a message paraphrase back to the sender in his or her own words the message sent. The sender must agree that the receiver has accurately received the message before the receiver can go on to another topic. This assures that a sender has been understood before any other contribution is made on a given topic.

Objectives:

1. To be able to use paraphrasing as a method to facilitate communication.
2. To understand the importance of paraphrasing as a method of facilitating accurate understanding of other persons.

Methodology:

1. Divide participants into groups of three (A, B, & C).
2. A sends a message to B and C serves as referee. Referee's function is to make certain that B paraphrases A before B sends message to A.
3. When A and B have sent several messages and paraphrased them, rotate so that A and C send messages and B acts as referee.

Materials Needed:

1. Large paper for instruction
2. Pens and three chairs per group.

Time Required:

15 minutes - Introduction and Explanation
90 minutes - For exercise (30 minutes for each triad with 3 rotations)

Size of Group:

3 in each paraphrasing group
No limit for large group

Modification of Exercise:

1. Teams may participate without triad arrangement. Paraphrasing may take place in team or group meeting, with rest of group serving as referee for two people paraphrasing each other.

2. Two people may paraphrase without referee.

Evaluation:

Reaction from participants as to helpfulness of technique

B. Feedback

Problem Addressed:

In order for teams to have a balance between task function and maintenance functions, i.e., processing, techniques on skills need to be used in order to facilitate the process. Feedback is a method which can be used to facilitate processing within a team or group. Many times members of teams do not share feelings or react to behaviors of others, and this can lead to lack of maintenance on the team and then the team may be out of balance.

Description:

Feedback should be incorporated into the processing exercise and used as a method to facilitate processing. A problem should be discussed by the group, and then each member of the group or an outside group gives feedback on the process of the problem solving session. Guidelines for giving and receiving feedback attached to this section should be used.

Objectives:

1. To know and use the guidelines for giving and receiving feedback.

2. To use feedback in a processing session.

3. To practice feedback with members of your team or group.

4. To identify benefits of giving feedback to other team members.

Methodology:

1. Ten minute lecture on feedback including a discussion on the guidelines for giving and receiving feedback.

2. Thirty minutes - break into groups of two teams or two small groups of 5-6 each. Group A discusses a problem for about 20 minutes. Group B gives feedback on the process of problem solving session.

3. Thirty minutes - group B discusses a problem and at the end of 20 minutes Group A gives feedback on the process.

Materials Needed:

1. Large paper and pens or blackboard

2. Handout on guidelines for giving and receiving feedback

Time Required:

70 minutes

Size of Group:

5-6 in each group is ideal

Modification of Exercise:

1. Ten minute introduction on feedback and discussion of guidelines for giving and receiving feedback

2. 30-40 minutes - group discusses the problem trying to come up with a solution

3. 20-30 minutes - each member of group gives one other person in group feedback on behavior, both positive and negative, feelings, and perception checking, using guidelines for giving feedback, remembering not to give too much. Each member in turn also receives feedback from one other team member.

Evaluation:

10-20 minutes - feedback to entire group as to the merits of the exercise. Were the objectives met? If not, why? Did the exercise improve team functions? Evaluations must be subjective. Why is feedback necessary?

GUIDELINES TO GIVING FEEDBACK

Level with, don't level them:

1.	Give it sooner	rather than later
2.	Be specific	rather than general
3.	Hypothesize (speculate)	rather than give absolutes
4.	Describe	rather than interpret
5.	Meet their needs	rather than your own
6.	Be sure feedback is wanted	rather than imposed on the individual
7.	Communicate caring	rather than hurting
8.	Describe how the behavior affects you	
9.	Speak for yourself	rather than for a group

GUIDELINES FOR RECEIVING FEEDBACK

1. Paraphrase what you think you heard--e.g., "What I heard you say was..."
2. Ask for data, even negative or especially negative, if you really want it.
3. Don't explain yourself.
4. Encourage negative feedback - verbal and nonverbal.

Yee, Roberta: Core Curriculum for Interdisciplinary Training Programs with Health Profession Students, American Medical Student Association Foundation. Developed under Grant No. MB 00104-01 awarded by the Office of Interdisciplinary Program, Bureau of Health Manpower, Dept. of HEW. Reprinted with permission.

PRACTICE IN OBSERVATION:

Who Talks to Whom?

Purpose:

To improve observation skills by focusing on one dimension: the pattern of verbal interaction in a group.

Setting:

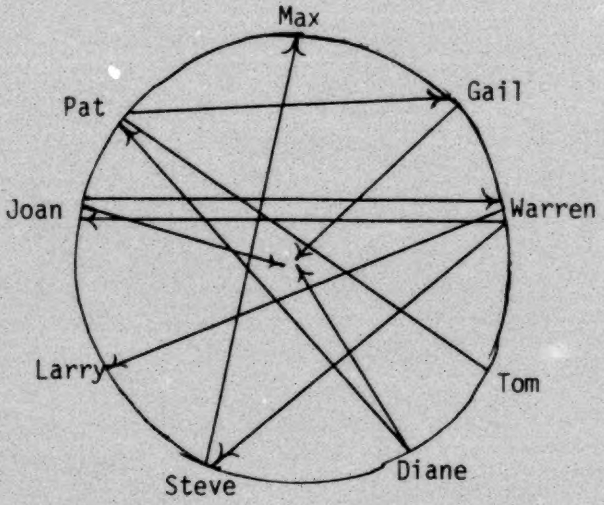
This is best done during the third or fourth T-Group meeting, or about the second day of a laboratory.

Procedure:

Inform the group that two members are going to become observers for a short while. Select two, take them aside, and given them a sheet of paper. They are to draw a circle and write the group members' names around it in the same order as they are sitting.

Instruct the observers to sit outside the circle and chart the interaction by drawing an arrow from the name of the speaker to the name of the one he seems to be speaking to. Remarks addressed to the group in general go to the center of the circle. As the arrows accumulate they will show who speaks the most and also to whom most of the comments are made. The silent members will stand out clearly.

After about 20 minutes the drawing will look something like this:



Analysis of Data:

Ask the two observers to place their designs on the floor in the center of the group. The marked resemblance will support the idea that this is objective data.

Questions for discussion:

How do the group members feel about the amount of their participation?
Has anyone dominated the discussion?
How do people feel about getting, or not getting, attention?
What can be done to gain wider participation?

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CONFLICT RESOLUTION

Role playing or, if situation is a real conflict, conflict resolution by team.

1. The Family Practice resident feels that he is forced to work with NP/PA.
2. The physician does not want NP/PA to be on call. The NP/PA feels that this is a lack of trust on the part of the physician.
3. The NP/PA wants to see only certain types of patients.
4. The physician feels that NP/PA is not productive enough.
5. The physician feels that NP/PA spends too much time counseling.
6. The physician wants to do more counseling, but sessions are frequently interrupted by the NP/PA asking for consultation.
7. The physician wants the NP/PA to have all patients who call the office to come in for a visit as he or she does not trust telephone consultations.
8. The NP/PA feels that he or she is stuck in the office all the time while the physician gets to go to the hospital.
9. The NP/PA feels that the physician gets to do all the interesting work. The routine or boring work is left for the NP/PA.
10. The physician wants the NP/PA either to see the patient completely or not to see the patient at all.
11. The NP/PA wants to do more new things with the practice, but the physician is overwhelmed with calls and hospital practice.
12. The NP/PA wants to use more non-traditional methods of treatment; the physician is more conservative.

CHANGE

Apply force field technique to one of these problems:

1. The MD-NP/PA team wants to develop consistent methods in order to encourage compliance among their patients.
2. The MD-NP/PA team wants to change the attitudes of their office staff, patients, medical community, and/or community about their practice.
3. The MD or NP/PA team wants to change each other's attitude or way of doing something.
4. The MD-NP/PA team wants to change their way of dealing with staff, patients, MDs, radiologists, lab technicians, pharmacists.
5. The MD-NP/PA team wants to change institutional policy to decrease situational impediments to practice.
6. The MD-NP/PA team want to change the institution's way of dealing with one of them.

A PROBLEM-SOLVING PROGRAM

FOR DEFINING A PROBLEM AND PLANNING ACTION

Any change in our lives, our organizations, or our personal associations usually tends to bring with it a certain amount of confusion. But this chaos is not always necessary; change does not have to be haphazard.

This workbook is designed to help you in analyzing a problem in organization, management, or human relations--any problem which involves people working or living together.

You are going to learn a new way of thinking about change. This Problem-Solving Program can help you analyze something you would like to change and learn how you might go about making it change in the way you want it to, without so much confusion and discomfort.

The workbook is programmed. That is, it is presented in a series of separate steps or "frames," each of which contains a complete and separate idea, question, or instruction.

Be sure you understand and have completed each frame before going on to the next.

1. The first step in this process of analysis is for you to identify the problem you wish to work on. Here are some guidelines for selecting the problem:

   - Is it something you really care about?

     Select a problem you want to work on rather than a big, abstract social issue that you feel everyone should be interested in. A teacher, for example, is concerned about improving the quality of education, of course, but she might select "getting enough textbooks for my classroom" as a problem she could work on.

   - Is it something in which you are personally involved?

     Be sure the problem is intimately yours. A manager might be worried about racism in his plant, but his problem might be "my racism in hiring, firing, and promotion practices."

   - Do you have some possibility for influencing the situation?

     Each of us has influence over a wider sphere than we generally realize, but there are limits.

   Describe the problem as you see it.

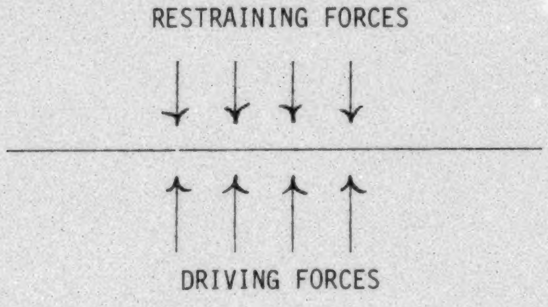
2. Most problem statements can be rephrased so that they describe two things:

   a. the situation
   b. the situation as you would like it to be (the ideal)

   Restate your problem briefly below, indicating the direction of the change you desire.

   Poor: I would like to change the amount of arguing in my family.
   Better: Reducing family arguments.
   Poor: My ability to delegate responsibility.
   Better: Increasing my ability to delegate.

3. Most problem situations can be understood in terms of the forces which push toward improvement and the forces which resist improvement and keep the problem a problem. For example, some forces help to reduce family arguments, such as the love and affection between family members, room enough for privacy. These could be called DRIVING FORCES. Other forces tend to increase family arguments--lack of closet space, not enough bathrooms, the generation gap. Such things are RESTRAINING FORCES.



4. What are the driving and restraining forces affecting the situation you want to work on? Think about these as broadly as you can. Include personality factors, physical resoruces and restraints, feelings, social pressures. List anything that comes to mind, without being critical or selective. You can weed out the irrelevant items later. List the forces on the next two pages.

5. Now review the two lists and underline those forces which seem to be the most important right now, and which you think you might be able to affect constructively.

   Depending on the problem, there may be one specific force which stands out, or there may be two or three driving forces and two or three restraining forces which are particularly important.

6. Now, for each restraining force you have underlined list some possible action steps which you might be able to plan and carry out to reduce the effect of the force or to eliminate it completely.

   Brainstorm. List as many action steps as possible, without worrying about how effective or practical they would be. You will later have a chance to decide which are the most appropriate.

RESTRAINING FORCE A ....
Possible action steps to reduce this force

RESTRAINING FORCE B ....
Possible action steps to reduce this force

RESTRAINING FORCE C ....
Possible action steps to reduce this force

7. Now do the same with each driving force you underlined. List all the action steps which come to mind which would increase the effect of each driving force.

DRIVING FORCE A ....
Possible action steps to increase this force

DRIVING FORCE B ....
Possible action steps to increase this force

DRIVING FORCE C ....
Possible action steps to increase this force

8. The place to begin change is at those points where some stress and strain exist. Increased stress may lead to increased dissatisfaction, which may, in turn, be a motivation for change.

   Sometimes an attempt to increase a driving force results only in a parallel increase in the opposing force. Consider whether the change would be managed more easily by reducing a resisting force.

   Review the action steps you have listed, and underline those which seem promising.

9. List the steps you have underlined. Then for each action step list the materials, people, and other resources which are available to you for carrying out the action.

9. Action Steps Resources Available

10. Now review the list of action steps and resources in the previous frame, and think about how they might each fit into a comprehensive action plan. Eliminate those items which do not seem to fit into the overall plan, add any new steps and resources which will round out the plan, and think about a possible sequence of action.

11. The final step in the problem-solving process is for you to plan a way of evaluating the effectiveness of your action program as it is implemented. Think about this now, and list the evaluation procedures you will use.

12. Now you have a plan of action to deal with the problem situation. The next step is for you to implement it.

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TEAM DEVELOPMENT SCALE by William G. Dyer

1. To what extent do I feel a real part of the team?

1	2	3	4	5
Completely a part all the time	A part most of the time	On the edge, sometimes in, sometimes out	Generally outside, except for one or two short periods	On the outside, not really a part of the team

2. How safe is it in this team to be at ease, relaxed, and myself?

1	2	3	4	5
I feel perfectly safe to be myself, they won't hold mistakes against me.	I feel most people would accept me if I were completely myself, but there are some I am not sure about.	Generally, you have to be careful what you say or do in this team.	I am quite fearful about being completely myself in this team.	A person would be a fool to be himself in this team.

3. To what extent do I feel "under wraps," that is, have private thought, unspoken reservations, or unexpressed feelings and opinions that I have not felt comfortable bringing out into the open?

1	2	3	4	5
Almost completely under wraps	Under wraps many times	Slightly more free and expressive than under wraps	Quite free and expressive much of the time	Almost completely free and expressive

4. How effective are we, in our team, in getting out and using the ideas, opinions, and information of all team members in making decisions?

1	2	3	4	5
We don't really encourage everyone to share their ideas, opinions, and information with the team in making decisions.	Only the ideas, opinions, and information of a few members are really known and used in making decisions.	Sometimes we hear the views of most members before making decisions and sometimes we disregard most members.	A few are sometimes hesitant about sharing their opinions, but we generally have good participation in making decisions.	Everyone feels his or her ideas, opinions, and information are given a fair hearing before decisions are made.

5. To what extent are the goals the team is working toward understood and to what extent do they have meaning to you?

1	2	3	4	5
I feel extremely good about goals of our team.	I feel fairly good, but some things are not too clear or meaningful.	A few things we are doing are clear and meaningful.	Much of the activity is not clear or meaningful to me.	I really do not understand or feel involved in the goals of the team.

6. How well does the team work at its tasks?

1	2	3	4	5
Coasts, loafs, makes no progress	Makes a little progress, most members loaf	Progress is slow, spurts of effective work	Above average in progress and pace of work	Works well, achieves definite progress

7. Our planning and the way we operate as a team is largely influenced by:

1	2	3	4	5
One or two team members	A clique	Shifts from one person or clique to another	Shared by most of the members, some left out	Shared by all members of the team

8. What is the level of responsibility for work in our team?

1	2	3	4	5
Each person assumes personal responsibility for getting work done.	A majority of the members assume responsibility for getting work done.	About half assume responsibility, about half do not.	Only a few assume responsibility for getting work done.	Nobody (except perhaps one) really assumes responsibility for getting work done.

9. How are differences or conflicts handled in our team?

1	2	3	4	5
Differences of conflicts are denied, suppressed, or avoided at all cost.	Differences or conflicts are recognized, but remain unresolved mostly.	Differences or conflicts are recognized and some attempts are made to work them through by some members, often outside the team meetings.	Differences and conflicts are recognized and some attempts are made to deal with them in our team.	Differences and conflicts are recognized and the team usually is working them through satisfactorily.

10. How do people relate to the team leader, chairman, or "boss"?

1	2	3	4	5
The leader dominates the team and people are often fearful or passive.	The leader tends to control team, although people generally agree with the leader's direction.	There is some give and take between the leader and the team members.	Team members relate easily to the leader and usually are able to influence leader decisions.	Team members respect the leader, but they work together as a unified team with everyone participating and no one dominant.

11. What suggestions do you have for improving our team functioning?

Dyer: Team Building: Issues and Alternatives, Addison-Wesley, Reading (Mass.) 1977, pp. 68-70. Reprinted with permission.

Processing

Problem Addressed:

Much of work in today's society is done in groups. There are good and bad groups. Processing is one method of enhancing the good outcomes of groups. Processing may be defined as a cognitive appraisal of group effectiveness by its members. It involves explicit verbalization of factors that are affecting task performance and individual satisfaction. Members try to continually heighten their ability to use processing in a way that reduces defensiveness, increases trust and enchances individual growth.

Description:

A group interaction with observation and critiquing by other participants, rotating roles so that all individuals can involve themselves both as observers and participants.

Objectives:

1. To understand the factors involved in processing.
2. To utilize and value processing as a means of increasing team growth.
3. To develop a plan for initiating or participating in processing in teams.

Methodology:

1. Present content of maintenance and task functions in groups.
2. Demonstrate or present procedures for monitoring effectiveness of groups in maintaining balance between task and maintenance functions.
3. Participants form two groups. Each group selects and discusses a problem and the other group acts as processor and reports back to the group. Roles of groups are then reversed.

4. Groups select an observer from within each group. This role may rotate so each group member can have the experience.

Materials Needed: Large newsprint and pens or chalk and blackboard.

Handouts
"What to Look for in Groups"
"The Care of the Hidden Agenda"
"Bale's System of Observational Categories"
"Who Talks to Whom?"
"Who Makes What Kind of Observation?"

Time required: 2 hours.

Modification of Exercise:

1. In paired groups, one group reads one handout and discusses main points in front of the other group, allowing people from the other group to ask questions. Second group presents another handout in same way. This avoids faculty's lecturing and ensures handout is read, but lengthens time needed to learn about processing.

2. Group discussion of trust-building prior to processing.

Evaluation: Have group write open-ended evaluation or processing at end of conference.

"I think processing is ______________________________," or

"I plan to use processing ______________________________."

Yee, Roberta: Core Curriculum for Interdisciplinary Training Programs with Health Professions Students, American Medical Student Association Foundation. Developed under Grant No. MB 00104-01 awarded by the Office of Interdisciplinary Programs, Bureau of Health Manpower, Department of HEW, Washington, D.C.

MEETINGS

Stated below are some events which transpire in team meetings. Each team member is asked to use this to evaluate the team meeting.

Key: Consider what typically happens in this meeting. For each of the items below, enter the number opposite the statement which is most descriptive of the meeting.

6 This is very typical of our meetings; it happens repeatedly.
5 This is fairly typical of our meetings; it happens quite often.
4 This is more typical than not, but it doesn't happen a lot.
3 This is more untypical than typical, though it does happen some.
2 This is quite untypical; it rarely happens.
1 This is not typical at all; it never happens.

_____ 1. When problems come up in the meeting, they are thoroughly explored until everyone understands what the problem is.

_____ 2. People ask why the problem exists, what the causes are.

_____ 3. The group discusses the pros and cons of several alternate solutions to a problem.

_____ 5. The average person in our meeting feels that his ideas have gotten into the discussion.

_____ 5. Someone summarizes progress from time to time.

_____ 6. The group discusses and evaluates how decisions from previous meetings have worked out.

_____ 7. From time to time in the meeting, people openly discuss the feelings and working relationships in the group.

_____ 8. Some very creative solutions come out of this group.

_____ 9. When conflicts over decisions come up, the group does not avoid them, but really stays with the conflict and works it through.

_____10. There are many problems which people are concerned about that never get on the agenda.

_____11. There is a tendency to propose answers without really having thought the problem and its causes through carefully.

_____12. People bring up extraneous or irrelevant matters.

_____13. Decisions are often left vague as to what they are and who will carry them out.

_____14. There is a good deal of jumping from topic to topic. It's often unclear where the group is on the agenda.

_____15. The same problems seem to keep coming up over and over again from meeting to meeting.

_____16. People don't seem to care about the meeting or want to get involved in it.

_____17. There are splits or deadlocks between factions or subgroups.

_____18. The discussion goes on and on without any decision being reached.

_____19. The same few people seem to do most of the talking during the meeting.

_____20. People hesitate to give their own views about the problems discussed.

_____21. Many people remain silent.

_____22. People give their real feelings about what is happening during the meeting.

Meetings vary according to their primary focus of attention. They may be mainly focused on information-giving--making announcements, explaining plans or rules, dealing with routine matters. Or they may be mainly focused on problem-solving -- discussion and decision, working out answers to problems on the spot.

23. Thinking now of the meeting you have been describing, what percentage of time do you estimate is actually spent on these two kinds of activities? Fill in the figures below.

__________% + __________% = 100%
Time spent on information-giving + Time spent on problem-solving

24. Now, still thinking of this meeting, what percentage of time do you think should be or ought to be spent on these two types of activities?

__________% + __________ = 100%
Time spent on information-giving + Time spent on problem-solving

---

Thornton, Barbara: Department of Social and Health Resources, University of Nevada, Reno.

TEAM EFFECTIVENESS DIAGNOSTIC INSTRUMENT

Directions: In the following scales, circle the letter that you think most accurately reflects where your own description of your team would fall between the two descriptive statements provided (I and II). Read both statements before deciding on your response. If your description is more like the top statement (I), then you should circle letter "a" or letter "b". If your description is more like the bottom statement (II), then you should circle "d" or "e". Your answer should represent how you think things acutally are, not how they should be or how you wish they were. These responses will be summarized anonymously and discussed by the team.

In the spaces for examples below each scale, write down a real situation which describes your response on the numerical scales.

Goal Clarity and Conflict

THINGS ABOUT "WHY WE ARE HERE"

Scale 1

Statement I - I often wonder what is the basic reason for being here. It seems to be that there are people on the team (maybe even myself) who spend a lot of time and energy doing things that are not consistent with what I think is our main purpose in being here. They downplay or overlook important parts of our total objective or their time is directed at things I think aren't very important.

a. Just like I

b. More like I than II

(circle one) c. In between I and II

d. More like II than I

e. Just like II

Statement II - The team's basic overall objectives are very clear to me. All of my and everyone else's effort seems directly related to getting these key goals accomplished. Whenever a question arises over what things need to get done, we are able to set priorities by referring back to our basic objectives.

Example(s): In the space below describe one or more examples of situations in the team that illustrate your response on Scale 1.

Role Ambiguity

"THINGS ABOUT MY JOB"

Scale 2

Statement I - Often situations arise on the job where I'm not certain what I am supposed to do. Frequently, I'm not even sure if a situation is my responsibility or someone else's. We never get together to discuss what each individual thinks he (she) and the others on the job can or should do to work together to do the best job.

a. Just like I

b. More like I than II

(circle one) c. In between I and II

d. More like II than I

e. Just like II

Statement II - In almost every situation I am very sure about what responsibilities I have and about what others on the job are supposed to be doing. These job responsibilities are often discussed by relevant members of the team, particularly when someone has a question about what he or someone else should be doing.

Example(s):

Role Conflict

Scale 3

Statement I - Different people on the job are always asking me to do different things at the same time. Often these tasks get in the way of each other or there just isn't enough time to meet everyone's demands. My job makes me feel like a juggler with too many balls.

a. Just like I

b. More like I than II

(circle one) c. In between I and II

d. More like II than I

e. Just like II

Statement II - I have no trouble doing the different things that the job and other people on the team require of me. I understand why I'm supposed to do the things I do and it all seems to fit together. If I feel as though the demands people on the team make of me are getting too heavy or don't make sense, we resolve the problem with a discussion.

Example(s):

Participation/Influence

"HOW THINGS GET DONE AROUND HERE"

Scale 4

Statement I - When some people try to participate in a discussion of job issues they often get cut off or their suggestions seem to die. People seem to pay attention only to some team members and not others. Some people seem to do most of the talking while others don't participate very much.

a. Just like I

b. More like I and II

(circle one) c. In between I and II

d. More like II than I

e. Just like II

Statement II - Everyone gets a chance to express himself and to influence the group in discussions about the job. We listen to every person's contributions and try to discuss the strong points in each. No one is ignored. Everyone is drawn into the discussion.

Example(s):

Commitment/Understanding

Scale 5

Statement I - When we sit down to discuss something I usually walk away wondering what we just did and what is supposed to happen next. If, as a result of a discussion, I am assigned to do something, I often do not agree with the tasks assigned me. It seems like the same problems keep coming up for discussion even though we thought we had worked them through already.

a. Just like I

b. More like I than II

(circle one) c. In between I and II

d. More like II than I

e. Just like II

Statement II - When we have a problem to discuss, I usually understand exactly what the issue is. By the end of the discussion, I usually understand what we have decided to do about it, and what my responsibilities are. Decisions made by this team are carried out effectively by the team members.

Example(s):

Conflict Management

"HOW THINGS GET DONE AROUND HERE" (Con't)

Directions: This scale is different from the previous ones. In this scale, read all the statements and circle the letter next to the one statement that most closely describes the general situation in your team.

Scale 6

When a disagreement arises in the team:

a. We assume it's probably best not to let it get personal, we let it pass hoping it will cool down and eventually be forgotten. If it does start to ruffle feelings, we try to smooth the feelings and make the least of the disagreement (e.g. There is really no point in fighting about it, either so, let's forget it," or "We're all grown-ups; we shouldn't argue").

b. Often we end the disagreement when someone on the team either takes charge and makes a decision or decides not to discuss it any further.

c. We try to come to an agreement somewhere between the two disagreeing positions. In other words, we compromise. That way everyone gets a little and everyone gives a little and the disagreement is taken care of.

d. We get the disagreeing parties together and have them talk to each about their points of view until each party can see some logic in the other's ideas. Then we try to come to an agreement that makes sense to everyone.

Example(s):

Recognition/Involvement

"WHAT IT'S LIKE TO WORK AROUND HERE"

Scale 7

Statement I - I often get the feeling that some people on the team don't think that some other people on the team have much of a contribution to make. Some people don't pay much attention to the problems or suggestions of others. People are often taken for granted.

(circle one)

a. Just like I
b. More like I than II
c. In between I and II
d. More like II than I
e. Just like II

Statement II - Everyone recognizes that the job could not be done without the cooperation and contribution of everyone else. Each person, including myself, is treated as an important part of the team. When you bring up an idea or a problem, people sit up and take notice. It makes you feel that you and your job are important.

Example(s):

Support/Cohesiveness

Scale 8

Statement I - This job really gets me down. People do not seem concerned with helping each other get the job done. Everyone is pulling in opposite directions; everyone is out for himself. If you try to do something different, you get jumped on by people for being out of line, or if you make a mistake, you never hear the end of it.

a. Just like I

b. More like I than II

(circle one) c. In between I and II

d. More like II than I

e. Just like II

Statement II - I really like my job, and I like working with this team. The team encourages you to take responsibility. You feel appreciated by the other members of the team when you do a good job. When things aren't going well, people really make an effort to help each other. We really pull together on this team.

Example(s):

Please summarize you responses on this sheet.

INDIVIDUAL DATA SUMMARY SHEET

Scales

1. Goal Clarify and Conflict — I ├───┼───┼───┼───┤ II
   a b c d e

2. Role Ambiguity — I ├───┼───┼───┼───┤ II
   a b c d e

3. Role Conflict — I ├───┼───┼───┼───┤ II
   a b c d e

4. Participation/ Influence — I ├───┼───┼───┼───┤ II
   a b c d e

5. Commitment/ Understanding — I ├───┼───┼───┼───┤ II
   a b c d e

6. Conflict Management — I ├───┼───┼───┼───┤ II
   a b c d e

7. Recognition/ Involvement — I ├───┼───┼───┼───┤ II
   a b c d e

8. Support/ Cohesiveness — I ├───┼───┼───┼───┤ II
   a b c d e

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A FUNCTIONAL YARDSTICK FOR TEAM ANALYSIS

Each team, like each person, is unique and individual. We can, however, generalize to the extent of pinpointing vital areas in the life space of all teams which determine the success or failure of the teamwork. Each team must know the answers to the questions that arise in these areas, in light of their applicability to its unique self. Each must also be prepared to devote time and energy throughout its life span to keep the answers up-to-date.

Purpose

1. What is the overall purpose of this team?
2. Who defines it?
3. Is there common understanding and agreement regarding its meaning among the various systems and individuals involved?
4. What is required to implement it?
5. What is required to change it?
6. Do the working goals grow naturally out of it?

Composition and Structure

1. Who makes up this team?
2. How is this decided?
3. How are both original and additional members selected and involved?
4. How is membership changed?
5. What provision is made to enable the individual to become a team member?
6. How are the roles of the team members defined?
7. How is the effectiveness of both their uniqueness and their complementarity assessed?
8. How are roles changed?
9. Is there clear and common understanding of team composition and structure among the members?

Internal System

1. What is the underlying value system of this team?
2. How is it integrated with the value systems of the various team members?
3. What are the behavioral norms of this team?
4. How are they arrived at and integrated with the personal norms of the various team members?
5. How do they relate to institutional, community, and societal values and norms?
6. How are they enforced, evaluated and changed?
7. What is the climate of this team?
8. How is it maintained and changed?

9. What are the relationships, personal and professional, among the team members?
10. Where does the power in this team lie?
11. How is it manifested and used?
12. How is it controlled and changed?
13. What are the pressures leading to conformity and groupthink in this team?
14. How are they managed?

Administration and Logistics

1. How is this team administered and managed?
2. What kind of leadership exists?
3. What is the relationship of leadership to administration?
4. How can leadership and administration be controlled and changed?
5. What are the essential logistics of this team's operation?
6. Who provides these supportive and maintenance services?
7. What provisions exist for their ongoing evaluation and change?

Internal Process

1. How does this team communicate within itself?
2. Is there a common language?
3. Is there provision for recognizing and working to clear clogged communication channels?
4. How does this team use discussion?
5. How does this team use conflict?
6. How does this team reach decisions?
7. How do the members of this team collaborate, accept, and implement decisions, both those which they support and those with which they disagree?
8. How does this team use authority?
9. How are individual and team tasks defined and implemented?
10. Does this team consciously use a problem-solving process?
11. How does it deal with breakdowns in this process?
12. How does this team arrange for necessary supervision of itself and its various members?
13. How does this team evaluate itself and its members?

Environment

1. What constitutes this team's environment?
2. What are the relationships involved here?
3. What are the channels of communication?

4. What is happening along the interfaces of the various systems within the environment?
5. What are the linkages between these various systems?
6. How are they used?
7. How are they evaluated and changed?
8. How is this team accountable to those who sanction its work: clients, institution, community, society?

Self-Actualization and Renewal

1. Is this team free and able to evaluate its own work?
2. What provisions does this team make for continuing education of itself and its members?
3. How does this team stimulate, recognize, and use innovation, creativity, and change?
4. Does this team possess the flexibility, in both its parts and its whole, to respond to crisis and change?

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Self-Analysis Checklist

TASK ROLES	WHICH ROLES OR PARTS OF ROLES DID I PLAY TODAY
Initiating activity	
Seeking information	
Seeking opinions	
Giving information	
Giving opinions	
Elaborating	
Coordinating	
Summarizing	
Testing feasibility of proposals	

GROUP MAINTENANCE ROLES	
Encouraging	
Gate keeping	
Standard setting	
Following	
Expressing group feelings	
Relieving tension	

EITHER TASK OR GROUP-MAINTENANCE ROLES	
Evaluating	
Diagnosing	
Testing for consensus	
Mediating	

NON-FUNCTIONAL BEHAVIORS	
Being aggressive	
Blocking	
Self-confessing	
Competing	
Seeking sympathy	
Special pleading	
Horsing around	
Seeking recognition	
Withdrawing	

Thornton, Barbara: Department of Social and Health Resources, University of Nevada, Reno.

MODULE III

NP/PA-MD Team Practice Organization Methods

Module III
MD-NP/PA Team Practice Organization Methods

A physician-nurse practitioner/physician assistant co-practice has many of the same organizational and office problems that any other practice has, but it also has some unique ones brought about by the co-practice relationship. The way that these problems are handled affects the teams' relationship to other staff members, to the community, and to their patients. The development of protocols and quality assurance measures can aid team communication, ensure the patient of quality care, and provide a means of individual and team education.

Terminal Objectives

	Knowledge	Skill	Attitude
1.	Identify the various types of legal relationships that MD-NP/PA teams may have.	Negotiate the MD-NP/PA contract desired.	Compare the benefits of the differnet MD-NP/PA relationships to the physician, nurse practitioner and physician assistant and to the patient.
2.	Analyze the methods used by MD-NP/PA teams in dealing with team relationships and institutional and office problems.	Formulate a plan to improve the teams' institutional, office, and team relationship.	Defend the benefits of the team in improving the coordination of care.
3.	List components, values, and problems with protocols and quality assurance measures.	Develop protocols and a system of quality assessment and assurance.	Assess the value of protocols and quality assessment and assurance measures in the practice.

TEAM DEVELOPMENT CURRICULUM

Module III
MD-NP/PA Team
Practice Organization

A. Establishing and Choosing a Practice

OBJECTIVES

1. Identify the location and type of practice that you feel would best meet your personal and professional needs.
2. Explain the different legal relationships that the MD-NP/PA team may enter into and the special implications of these for each team member.
3. Differentiate between the various strategies of providing care that the team may utilize and assess the positive and negative aspects of each for the patient, the team, and the practice.
4. Negotiate a satisfactory contract and role within the team practice.
5. Evaluate the team practice for inclusion of the essential elements of a co-practice.
6. Analyze the economics of the MD-NP/PA team:
    - a. Number of patients each needs to see per day vs. number actually seen
    - b. Overhead of practice
    - c. Cost effectiveness of NP/PA
    - d. Billing vs. reimbursement
    - e. Salaries vs. billing
    - f. Profits
    - g. Cost benefits to the patient
    - h. Cost containment

CONTENT

1. Location
    - a. Personal Qualifications - meets individual's and his or her family's requirements:
        - 1) Environment, e.g., weather acceptable; personal preference of urban vs. rural, and accessible vs. secluded.
        - 2) Educational and cultural needs: availability of continued education, good schools, etc.
        - 3) Economic needs
    - b. Professional needs
        - 1) Community acceptance of the practice.
        - 2) Practice and practice philosophy coincide with the individual's desires regarding:
            - a) Principles of practice
            - b) Service population
            - c) Implementation of the system
            - d) Possibilities for growth
2. Types of legal relationships
    - a. Employee-employer (solo, group, health maintenance organization, clinic, hosp.)
        - 1) Type of job description--description set by employer or negotiable.
        - 2) Contract negotiation and position paper

TEAM DEVELOPMENT CURRICULUM

Module III

OBJECTIVES

7. Develop guidelines for the MD-NP/PA relationship with the community including
   a. Medical community communication
   b. Hospital privileges
   c. Back-up in physician's absence
   d. On call system
   e. Referral system
   f. Prescription refill system
   g. NP/PA prescribing and dispensing system
   h. Lab and radiology scheduling, report review, and follow-up system

8. Evaluate present waiting room, reception area, and office space for contribution to co-practice efficiency and effectiveness and plan needed changes.

9. Evaluate appropriateness and effectiveness of present staff responsibilities in developing the team practice.

10. Establish additional guidelines for all personnel as needed.

11. Collaboratively determine and negotiate appropriate team staff roles.

CONTENT

    a) Salary and benefits - amount, type of benefits, and a method and time of review and renegotiation
    b) Role and responsibility of each team member
    c) Method of supervision
       1. Joint audit
       2. Direct supervision
       3. Standardized procedures
       4. Telephone consultation with chart review
b. Partnership - Joint partnership
   (Uniform Partnership Act)
   1) Obligation of each to contribute to the capital of the practice
   2) Adding a new partner
   3) Process of decision making, duties, definition of full time partnership, restraints, method of paying expenses, and handling accounts receivable, partnership termination, allocation of tax credits and depreciation
   4) Advantages of partnership
      a) All individuals have real investment in the practice and an incentive to work and improve it
      b) Professional stimulation
      c) Colleague relationship

OBJECTIVES

12. Analyze methods that other MD-NP/PA teams have used to handle the following areas and formulate a plan to improve the team practice:

    a. Consultation system
    b. Referral system
    c. Appointment system
    d. Patient education
    e. Prescription
    f. Record system
    g. Office organization
    h. Telephone triage
    i. Emergency procedures
    j. Patient follow-up
    k. Outreach

CONTENT

5) Difficulties with MD-NP/PA partnership
   a) Practice Acts designate some level of physician supervision of NP/PA, which establish different responsibility levels and creates differences in the partnerships
   b) Chance - investment with another individual can be risky

c. Corporation - joint practice

d. Nurse practitioner or physician's assistant - has independent practice with a contract with a physician for back-up
   1) Differences in legal, status of practitioner and physician assistant and in their respective legal relationships to the physician.

3. Strategies of providing care within a joint practice

   a. Series strategy - Nurse practitioner/ physician assistant sees one type of patient, or patient sees nurse practitioner or physician assistant a number of times and then sees physician.
   b. Parallel strategy - physician, nurse practitioner, and physician assistant each see their own patients.
   c. Team strategy - the individual with the appropriate skill provides the service.

OBJECTIVES

CONTENT

- d. Consultative strategy - patients are assigned to either practitioner, who consults with the other when appropriate.

4. Essential elements of co-practice

   - a. Philosophy of shared patient care responsibilities
   - b. Open communication
   - c. Professional relationship among team members
   - d. Each team member utilizes expertise to solve the patient care and team problems
   - e. Patients are provided with a provider option

5. Special MD-NP/PA team legal issues

   - a. Licenses - Practice Acts
     - 1) Nurse practitioner requires standardized procedures
     - 2) Physician's assistant requires physician supervision
   - b. Dispensing and prescribing medications
   - c. Third party reimbursement

6. Economics of MD-NP/PA team practice

   - a. Cost effectiveness of NP/PA
   - b. Billing/reimbursement
   - c. Cost containment
   - d. Cost benefit to the patient
   - e. Economic determinate of practice's need for additional practitioner

TEAM DEVELOPMENT CURRICULUM

Module III

OBJECTIVES

CONTENT

7. Relationship of MD-NP/PA team to the community
    - a. Medical community/hospital
        - 1) Presentation of team to the the medical community
        - 2) Office procedure in physician's absence-backup, telephone consultation
        - 3) On-call system
        - 4) Referrals
        - 5) Hospital privileges
    - b. Pharmacy
        - 1) Office prescription refill procedure
        - 2) NP/PA prescriptions
        - 3) Team's relationship with pharmacist
        - 4) Dispensing procedure
    - c. Lab and radiology
        - 1) Office lab work - quality control
        - 2) Scheduling lab and X-ray
        - 3) Communication with outside lab and radiology department
        - 4) Obtaining, reviewing, and follow-up of patient reports
    - d. Patients
        - 1) Introduction of patient to the team concept - letters, address and phone cards, literature in waiting room, and receptionist appointment protocol.
        - 2) Patients' choice of provider

TEAM DEVELOPMENT CURRICULUM

Module III

OBJECTIVES

CONTENT

3) Introduction to appointments, consultation, and on-call systems of the team practice
4) Team responsibility to patients: availability, type of care provided, and how care provided
5) Patient's responsibility
  a. Honesty, open communication, consideration of others
  b. Compliance with team care plan

e. Community
  1) Open house and/or written introduction
  2) Team commitment to participation on community projects and committees

8. Office organization

a. Office layout
  1) Waiting room
    a) Patients' comfort
    b) Ability to use for educational purposes
    c) Identification of co-practice
  2) Reception - Protocol for introduction of patients to team and scheduling of patients to NP/PA-MD co-practice
    (a) new patients
    (b) special types of situations
    (c) physical exams
    (d) procedures
  3) Office
    a) Adequate exam rooms
    b) Lab space
    c) Adequate provider and staff offices

OBJECTIVES

CONTENT

- d) Space for patient counseling, special procedures, and patient education
- e) Storage and method of recording billing
- f) Adequate chart storage

b. Office personnel responsibilites
  - 1) Receptionist
    - a) Introduce patient to the team co-practice, schedule using protocol
    - b) Understand and accept co-practice
  - 2) Nursing
    - a) Triage and organize patient flow
    - b) Organize and supply medical part of office
    - c) Patient care follow-up protocol
    - d) Accept joint practice with understanding of nurse practitioner and/or physician assistant role
  - 3) Nurse practitioner or physician assistant
    - a) Telephone and office triage
    - b) Acute and chronic patient care
    - c) Health maintenance and patient education
    - d) Counseling with patients
    - e) Community activity and outreach
    - f) Hospital follow-up
    - g) Consultation on areas of expertise
  - 4) Physician
    - a) Acute and chronic care
    - b) Emergency care
    - c) Health maintenance

OBJECTIVES

CONTENT

      - d) Hospital care
      - e) Referrals to specialists
      - f) Consultation to NP/PA
- c. Telephone protocols for appointments, triage, and emergency calls
- d. Office records
  - 1) Problem oriented medical records
  - 2) Family record
  - 3) Data collection system to evaluate and plan practice development
  - 4) Patient encounter, form, fee collection, form, and billing system
- e. Patient education
  - 1) Collection, evaluation, storage, and retrieval of materials
  - 2) Development of materials
    - a) By whom
    - b) Method of payment
    - c) How maintained and reviewed
- f. Emergency procedures
  - 1) Protocols
  - 2) Obtaining and maintaining equipment
  - 3) MD-NP/PA consultation
- g. MD-NP/PA consultation

B. Protocols and Standardized Procedures

OBJECTIVES

1. Define protocols and standardized procedures and demonstrate knowledge of the differences between them.
2. Compare the value and disadvantages of protocols.
3. List the elements of a protocol.
4. Jointly develop and test a team protocol.
   - a. Determine the clinical entities most often encountered within the practice.

CONTENT

1. Definitions of protocols and standardized procedures
2. Differences between protocols and standardized procedures
3. Types of protocols
   - a. Narrative SOAP format
   - b. Logic tree format
   - c. Flagged algorithm
   - d. Check list
   - e. Flow sheets
4. Value of protocols
   - a. Education and continuing education
   - b. Coordination or practice
   - c. Mechanism of communication in joint practice

OBJECTIVES

- b. List the diseases that cause the problem and categorize them by the degree of danger to the patient
- c. List the diagnostic criteria for each disease.
- d. Identify appropriate treatment.
- e. Compare the outline with already developed protocols for the same problem.
- f. Write the first draft.
- g. Obtain peer review.
- h. Use the protocol in the practice and continually reassess it.

CONTENT

- d. Basis for auditing and assessing quality
- e. Flow sheets

5. Disadvantages of Protocols
   - a. Provider may become rigid and mechanical in approach to problems
   - b. Protocols may be used to limit NP/PA's practice
   - c. The presence of a protocol does not guarantee that necessary data is collected.

6. Elements of a protocol
   - a. Definition of a particular clinical problem
   - b. Data base needed to investigate the problem including history, physical exam, and laboratory work
   - c. Branching logic rules individualize clinical data collected according to characteristics of the patient and the complaint.
   - d. Specific clinical findings
   - e. Precise rules for coming to a diagnostic impression and for making a management decision

7. Protocol Development
   - a. Rationale for the MD-NP/PA team to develop their own protocols include uniqueness of the practice, patients, providers, and health care setting
   - b. Procedure
     - 1) Determine those clinical entities most often encountered within the practice

OBJECTIVES

CONTENT

2) Outline the intentions of the protocol
    a) List diseases that can cause the problem and categorize them by degree of immediate danger and ultimate prognosis indicating those conditions that if missed would cause grave repercusssions for the patient and those that need immediate physician or specialist referral.
    b) List diagnostic criteria for each disease, and for each criteria identify cost, reliability, and availability. Determine which information must always be obtained.
    c) List treatments, contraindications to any treatments, and appropriate alternatives to proposed treatments.
3) Compare the team's outline with protocols for this problem developed by others.
4) Write the first draft, including data to be collected, clinical judgements to be made with rationale for proposed treatments and instructions for follow-up and patient education.

OBJECTIVES

CONTENT

5) Obtain peer review of the draft.
6) Use the protocol in the practice and identify any problems with it.
7) Continually reassess the protocol for completeness, appropriateness, and effectiveness

8. Criteria for evaluation of protocols developed by others
    a. Appropriate and complete data needed are listed.
    b. Conditions that must be identified are noted
    c. Diagnostic criteria given are cost effective, reliable, and available
    d. Proposed therapies are available, safe, and appropriate for the practice's patient population

C. Quality Assessments and Assurance

1. Define quality assurance, quality assessments, and audit
2. Explain:
    a. Factors that affect quality of care
    b. Objectives of an audit
    c. Principles of an audit
    d. Impediments to quality assessment and assurance
3. Compare the strategies utilized in Quality Assessment as to:
    a. Type of information obtained
    b. How they insure quality
    c. Who they are aimed at, the individual or the system
    d. Are they educational or punitive

1. Definitions
    a. Quality assessment - Investigating the practice and the data collected to evaluate the quality of care provided.
    b. Quality assurance - Utilizing the information obtained by the assessment to ensure or obtain quality of care
        1) Proper application of knowledge by provider
        2) Provider - patient encounter
        3) The effect of the environment on the patient's encounter with the system.
    c. Factors that affect quality
        1) Proper application of knowledge by provider
        2) Provider - patient encounter
        3) The effect of the environment on the patient's encounter with the system.

OBJECTIVES

4. Compare chart audit methods
    - a. Evaluation of process
    - b. Evaluation of outcomes
    - c. Use of definite criteria
    - d. Cost effectiveness
    - e. Provision of feedback mechanism
    - f. Educational component
    - g. Evaluation of system or individual

5. Explain the quality assurance methods of quality by objectives.

6. Demonstrate knowledge of one method of chart audit by developing a system and implementing it in the team practice.

7. Evaluate the team's use of the chart audit.

8. Compare team review and peer review.
    - a. Educational value to the individual and the team
    - b. Individual and team comfort
    - c. Quality assurance provided
    - d. Assistance in developing the practice

CONTENT

- d. Audit - objective and systematic way of evaluating the quality of care provided by health practitioners.

2. Objectives of an Audit
    - a. To provide assurance to patients that specific standards are being met
    - b. To give providers information on their quality of care and provide them a means of continuing education
    - c. To evaluate and improve the standards of the health care system

3. Principles of an audit
    - a. An audit must be a system
    - b. It must evaluate provider performance including thoroughness, reliability, efficiency, and analytical ability
    - c. It must provide a method of reinforcing problem solving skills
    - d. It must also evaluate the system itself, data collection required, and patient outcomes

4. Impediments to quality assessment and assurance:
    - a. Lack of set criteria to define
    - b. Imperfect methods of assessment
    - c. Mobile population resulting in fragmented services

OBJECTIVE

CONTENT

d. Lack of commitment to using audit to make necessary corrections
e. Possibility of incompatibility between provider performance and patient satisfaction
f. Inability to measure the art of caring
g. Probability to measure the art of caring
h. Professional resistence

5. Strategies for quality assessment

   a. Evaluation of the characteristics of the practice including provider characteristics, setting, nature of service, and patient characteristics
   b. Evaluation of the process of care
      1) Record audit
      2) Provider interview
      3) Observation of provider
   c. Evaluation of patient outcomes
   d. Evaluation of availability and accessibility
   e. Quality by objectives

6. Methods of chart audit

   a. Review of record using specific criteria e.g., Problem oriented medical record, patient care appraisal
   b. Provider review random sample of charts to determine if care given to the patient in the situation was reasonable
   c. Review outcomes of common important conditions
   d. Review all office records of one day with emphasis on finding correctable errors in care and the organization of care
   e. Criteria mapping

OBJECTIVES	CONTENT
	7. Procedural audit
	8. Peer review a. Minimize personal threat b. Utilize specific agreed upon criteria c. Self-Evaluation d. Group review
	9. Patient involvement in audit

TEAM DEVELOPMENT CURRICULUM

Module III
Methodology

SUGGESTIONS FOR TEACHING: MD-NP/PA Team Practice Organization Methods

A variety of method are presented for the instructor to choose from. In deciding on the best method for the group, the instructor should take into account the previous knowledge basis and experience of the participants and his or her own skill and comfort with the method.

The methods are:

- listed in the methodology section with complete reprints of the instructions and the purpose in the appendix;
- described completely in the methodology section;
- identified by name, purpose and source of activity or exercise to enable the instructor to obtain the reference instructions if desired.

The objective and content material the method is meant to cover is indicated beside each method. The leters and numbers refer to the items of the team development outline.

TEAM DEVELOPMENT CURRICULUM

Module III
MD-NP/PA Team Practice Organization Methods

A. Establishing or Choosing a Practice, Methodology

1. Business Relationships #1 (Objective: A-2-3 Content: A-2-3-5)

Purpose: To expose student MD-NP/PA teams to a variety of ways that they might choose to structure their relationships and organize their practices.

Instructions: Arrange a panel of MD-NP/PA teams with different business structure relationships to discuss these relationships: advantages and disadvantages, effect on team and practice, financial and legal issues, and office organization.

Time required: Approximately 2 hours.

2. Business Relationships #2 (Objective: A-2-3 Content: A-2-3-5)

Purpose: To expose student MD-NP/PA teams to a variety of methods of structuring their relationships and to give them time to discuss their relationships.

Instructions: Need to have groups of NPs, of PAs, and of MDs. Each individual should visit one practicing MD-NP/PA team and report on the structure of that group's business relationships, apparent advantages and disadvantages, effects on the team and practice of the financial and legal issues, and office organization. There should be time for discussion of the reports.

Time required: Approximately 2 hours.

3. Contract Negotiation (Objective: A-4 Content: A-2-3)

Purpose: To practice negotiating a legal contract with a team member.

Instructions: Videotape the team negotiating a contract, e.g., salary, change of benefits, forming a partnership or a corporation. Review with instructor and lawyer.

Time required: Approximately 2 1/2 hours.

4. Consultant's View of the Team (Objective: A-2-3-5-6 Content: A-2-3-5-6)

Purpose: To obtain a specialist's view of the team's legal and economic status and office organization.

Instructions: Have the student MD-NP/PA teams each present a report on their present working team's legal relationships, economic status (number of patients seen), and office organization to a panel of experts, i.e., lawyer, insurance representative, pharmacist, accountant, administrator. The panel then reacts to each team's reports.

Time required: Approximately 2 1/2 hours.

5. Practice Development

(Objective: A-7-8,9,10
Content: A-7-8)

Purpose: To evaluate and develop methods to improve office communication and organization.

Instructions: The team chooses one area of office organization to improve. They identify problems, brainstorm solutions, and develop a plan to improve the situation. Possible problem areas:

- Consultation
- Referrals
- Prescription refills
- Patient education
- Telephone triage
- Emergency treatment
- Scheduling

B. Protocols and Standardized Procedures, Methodology

1. Protocols/Standardized Procedures

(Objective: B-1-2-3-4
Content: B-1-2-3-4-5--6-7)

Purpose: To increase students' knowledge about types, advantages and disadvantages, utilization, and methods of evaluating and developing protocols.

Instructions: Lecture by instructor or panel presentation by practicing MD-NP/PA teams with discussion period.

Time required: Approximately 1 1/2 hours.

2. Development of Protocols and Standardized Procedures

(Objective: B-4
Content: B-6-7)

Purpose: To develop team protocols and/or standardized procedures.

Instructions: The team chooses a subject and using the instructions for developing a protocol in the references, develops one protocol, uses the protocol, and evaluates it.

Time required: Approximately 3 hours plus time for use and evaluation.

3. Evaluating Existing Protocols (Objective: B-6-7 Content: B-8)

Purpose: To evaluate existing protocols to determine their usefulness to the team's practice.

Instructions: Use information for to developing protocols in the references and the team's own knowledge to evaluate usefulness of one protocol.

Time required: Approximately 1 hour.

C. Quality Assessment and Assurance Methods, Methodology

1. Quality Assurance (Objective: C-1-2-3-4-5 Content: C-1-2-3-4-5)

Purpose: To increase students' knowledge about value of and methods for quality assurance.

Instructions: Lecture by instructor or practicing MD-NP/PA teams with discussion period.

Time required: Approximately 1 1/2 hours.

2. Quality Assurance in Practice (Objective: C-4-5 Content: C-5-6-7-8-9)

Purpose: To learn about and evaluate quality assurance methods being used by other teams.

Instructions: Physicians, nurse practitioners, and physician assistant students visit MD-NP/PA team practices to discuss and observe quality assurance methods. Each group should report on the experience and the method identifying:

- The system used
- Criteria established
- Differences between evaluation of the individual and of the system
- Feedback for assurance measures and continuing education
- Applied equally to all providers
- Corrections or improvements made

Discussions of reports should be included.

Time required: Approximately 2 hours (depends on number of participants).

3. Establishing Quality Assurance

(Objective: C-6-7-8
Content: C-5-6-7-8-9)

Purpose: To develop, utilize, and evaluate a team quality assurance system.

Instructions: The team meets to decide upon and develop a method. The method is used for at least 3 months and then evaluated.

Time required: Developing the method - 4 hours (approximate).
Evaluation - 2 hours (approximate).

TEAM DEVELOPMENT CURRICULUM

Module III
NP/PA-MD Practice
Organization Methods

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Module III

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TEAM DEVELOPMENT CURRICULUM

Module III

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